MEDICAL POLICY Including First Aid Policy

This policy refers to all of Chandlings Prep sections including EYFS

1. Aim

This policy aims to promote the health and wellbeing of all pupils (including boarding, day and EYFS pupils) in order that they are best able to reach their potential and participate fully in school life, and care for pupils and visitors through the provision of first-aid facilities, equipment and trained personnel. This is achieved by:

- Monitoring the wellbeing of each child;
- Being available to give them advice and support;
- Recognising and respecting that each child is an individual with his or her own needs and aspirations;
- Providing links between child, parents/guardians, members of staff and other health professionals.

2. Medical Provision, Accommodation and Facilities

Provision

The school has a multi-disciplinary team of professionals who work together to deliver an integrated pastoral, health and welfare support system for all pupils. This includes:

- The First Aid Coordinator provides medical / nursing care service to pupils, first aid care to all members of the school community, and promotes the health, wellbeing and protection of the pupils in the school.
- First aiders with an appropriate range of qualifications, eg paediatric first aid, sports first aid, emergency first aid, first aid at work, outdoor rescue and emergency first aid
- Access to a school doctor (boarding schools)
- Access to counsellors
- Designated Safeguarding Lead
- SENCO
- Pastoral staff

See **Annex D** for a list of the First Aid Coordinator's key responsibilities.

All information provided to the First Aid Coordinator by the child or the parents, is confidential and will only be passed on to staff members or other healthcare professionals on a 'need to know basis'. NB Safeguarding 'trumps' patient confidentiality. All medical and nursing notes are stored securely with restricted access. All qualified nursing staff work in line with the Nursing and Midwifery Code of Professional Standards.
It is the intention of the team to make every child feel welcome in the Medical Room, however big or small the problem, and to see them back into school life feeling confident that, whether they have needed medical treatment or not, they have been listened to and understood.

There will always be at least one qualified first aider on the school site when children are present, who has access to appropriate resources and the pupils' medical records.

There will be occasions when the First Aid Coordinator is absent from school, either short or longer term. The school will put arrangements in place to support and care for pupils, particularly any with long term health conditions, during their absence.

Accommodation

The school provides a suitably located and equipped Medical Room in order to cater for the medical and therapy needs of pupils, including:

- medical examination and treatment,
- short-term care of sick and injured pupils.

The Medical Room is the main base for the First Aid Coordinator / medical staff and is the place where first aid/nursing/medical treatment is usually prescribed and administered. It is also a port of call for children feeling unsure, homesick or needing to chat.

It will be:

- Large enough to hold an examination / medical couch with enough space at the side for people to work, and other necessary furniture and equipment.
- Be easily accessible to stretchers and wheelchairs, and as near as possible to a point of access for transport to hospital,
- Have adequate heating, lighting, and ventilation and a non-slip washable floor,
- Have appropriate telecoms and internet equipment and connectivity to facilitate easy communication and access to electronic information / records,
- Have a wash hand basin supplied with hot and cold running water and be near to a toilet,
- Be provided with:
    - A medical couch/bed (with a waterproof surface) with pillow, sheets and blankets which are frequently washed.
    - Chairs (with waterproof / easily cleanable surfaces)
    - Smooth topped washable working surfaces
    - Cupboards for storing equipment and materials
    - A secure, lockable cupboard for storing medicines and a lockable fridge for storing temperature sensitive medicines.
    - Drinking water (if not available on tap) and a supply of disposable cups
    - Foot operated refuse container
    - Suitable container for ‘sharps’

If the school has pupils with disabilities, SEN or complex needs, appropriate additional medical accommodation may need to be provided to meet these needs.

If the school has boarders who need to be cared for away from their usual accommodation, e.g. due to infectious illness, good quality quarantine accommodation is provided including toilet and washing facilities, in a location where they can easily be monitored and supervised by staff.

Facilities

In addition to the first aid and medical equipment available in the Medical Room, additional facilities and equipment are located in other parts of the school, eg:

- First aid kits

- Defibrillators (Foyer B Main Hall)
- Emergency Adrenaline Injectors and inhalers (outside Medical Room)
- Eye-wash kits (science prep room, pool plant room, maintenance, DT, Food and Medical Rooms)
- Wheelchair (Sports Pavillion)

3. Gillick Competency / Fraser Guidelines

In line with Lord Scarman's comments in his judgement of the Gillick case "parental right yields to the child's right to make his/her own decisions when he/she reaches a sufficient understanding and intelligence to be capable of making up his/her own mind on the matter requiring decision." The following websites provide more information:

- www.nspcc.org.uk/preventing-abuse/child-protection-system/legal-definition-child-rights-law/gillick-competency-fraser-guidelines/
- www.cqc.org.uk/content/nigels-surgery-8-gillick-competency-and-fraser-guidelines
- www.nhs.uk/Conditions/Consent-to-treatment/Pages/Children-under-16.aspx

It is unlikely that any Chandlings Prep School pupil will be considered Gillick Competent, but if there is any question on the matter, it will be discussed in detail by the Head, Head of Year, First Aid Coordinator and any other relevant seniors members of staff.

4. First Aid Policy

First Aid is the initial treatment given to a casualty for any injury or sudden illness for the purpose of preserving life and minimising the consequences of injury and illness before the arrival of an ambulance, doctor or other qualified health professional. It is also the treatment of minor injuries which do not need treatment by a medical practitioner.

The aim of this policy is to:

- Provide effective first aid cover for pupils, staff and visitors,
- Provide first aid promptly and efficiently,
- Ensure that all staff and pupils are aware of the systems in place.

This will be achieved by:

- The completion of a *First Aid Needs Risk Assessment* to ascertain how many first aiders and what types of first aid equipment / facilities are required. It takes into account factors such as:
  - The number of staff / pupils on the site
  - The age of the pupils
  - Whether any staff or pupils have any special medical needs
  - The range of activities undertaken by staff and pupils during the normal school day, off-site activities, and activities outside normal school hours, e.g. before / after the school day, at weekends and during the school holidays.
  - The location of the school and how long it normally takes for the emergency services to arrive.

  A template *First Aid Needs Risk Assessment* is available here.

- Providing adequate first aid cover as outlined in the Health and Safety (First Aid) Regulations.Ensuring that all members of staff know what the first aid procedures are throughout the school and reminders are regularly provided e.g. at the start of the academic year or during inset days.
- Ensuring that a sufficient number of staff receive appropriate first aid training which is updated every three years,
- Ensuring at least one qualified first aider is always on the school site when children are present, and they have access to appropriate first aid resources and the pupils' medical records. If EYFS children are present at least one person with a current full (2 day) Paediatric First Aid certificate will also be present.
- Ensuring that at least one appropriately qualified first aider always accompanies every school trip, off-site activity or away match attended by pupils. All school trips/outings undertaken by Early Years Foundation Stage pupils must be accompanied by at least one person with a current full (2 day) Paediatric First Aid certificate.
- Prominently displaying lists of First Aiders names, qualifications, locations and contact details around the school where staff and pupils can see them.
- Ensuring that first aid kits are adequately stocked and readily available around the school, and portable first aid kits are provided for all off-site activities / school trips / away matches.
- Ensuring that other first aid equipment provided at the school, e.g. defibrillators and Adrenaline Auto Injectors, are regularly checked and maintained in good working order.
- Making parents aware of the school's first aid arrangements and the procedures for informing them if their child has an accident and receives first aid treatment / medication at school or on an off-site school activity.
- Ensure that a record is kept of all accidents and injuries to staff and pupils occurring both on and off the school premises as a result of school activities. (More information in section 7);
- Ensure that a record is kept of all first aid treatment administered by the First Aid Coordinator/first aiders and all medication administered by school staff (More information in sections 7 & 9);
- The HSE is informed of injuries that are reportable under RIDDOR without delay. (More information in section 7 and **Annex E**);
- The schools first-aid and accident reporting arrangements are regularly reviewed.

Refer to **Annex A** for a list of staff who are first aiders and mental health first aiders and their qualifications.

Chandlings Prep School aims to:

- Provide first aid promptly and efficiently to secure the safety and welfare of our pupils.
- Ensure effective assessment of a child feeling unwell or who is injured;
- Ensure that a child with any minor injury is accompanied to the Medical Room to be attended to by the First Aid Coordinator.
- Ensure that a casualty with a serious injury will not be moved until assessed by a qualified first aider, unless the casualty is in immediate danger;
- Ensure that a first aider treats casualties safely and effectively. This includes wearing protective clothing, i.e. disposable gloves, and seeking assistance from other first aiders if required
- Ensure staff who do not possess a valid first aid certificate refer an injured child to a first aider with an in-date first aid qualification. However, if emergency aid is required, it may be necessary for the staff member to initiate simple lifesaving measures.
- Ensure that any child who has sustained a significant head injury is taken to hospital and assessed professionally. (More information in section 5);

- Ensure that if a pupil goes to hospital by ambulance, they are accompanied by a relative or staff member. The staff member will act 'in loco parentis' if required. Key medical details for the child will be taken to the hospital as this details the information that may required by hospital staff;
- Ensure adequate infection control measures are adhered to by the cleaning and clearing of contaminated areas and equipment and the correct disposal of used items, e.g. gloves and dressings, to prevent contamination. (More information in section 10);
- Ensure that at the beginning of each term, a list of children with specific medical requirements is made available to all relevant staff e.g. asthma, allergies and special dietary needs.

5. First Aid Within the School

In the event of an accident or first aid emergency:

- Keep calm
- Be aware of danger
- Assess the injured person and the situation
- If the injured person is well enough to walk, take them to the medical room. If the First Aid Coordinator is not there contact Reception and ask them to send a First Aider. Do not leave the person unattended.
- If the injured person is not able to move, do not try to move them; stay with them and summon help from a First Aider.
- If the situation requires urgent medical assistance, do not hesitate to call an ambulance by dialling 999 from any mobile or land-line telephone.

If you are the First Aider make your assessment:
- Danger – check that there is no danger to yourself or others close by
- Response – does the casualty respond to your voice or tapping on the shoulders?

Check
A – Airway
B – Breathing

C - Circulation

Depending on your assessment you will then:
- Give emergency first aid as appropriate
- If minor injury, accompany casualty to the Medical Room

AND/OR
- If the casualty requires further emergency medical assistance call an ambulance. A member of staff will accompany the casualty to hospital.
- Parents will be notified immediately.
- Record details of the incident and first aid treatment given using the school's recording system

Examples of injuries / medical emergencies which require urgent medical assistance:

· Severe allergic reactions and anaphylaxis
· Asthma attacks

- Difficulty in breathing / choking
- Seizures
- Fainting / collapse
- Diabetic emergency, eg hypoglycaemia
- Severe bleeding
- Severe burns
- Breaks or sprains
- Head injury and concussion
- Effects of severe self-harm
- Hypothermia / heat exhaustion
- Cardiac arrest / severe chest pain
- Stroke

Head Injury

All staff, particularly PE/Sports staff and coaches, should be familiar with the signs that a pupil has suffered a serious head injury or an injury that might result in concussion (see pages 9 & 10 of 'If in Doubt Sit Them Out' and the actions to take (see pages 11 & 12). If a child loses consciousness, for however short a period of time, appears dazed or confused, or suffers disturbances of vision, the child should receive immediate medical attention. Any child with signs of a serious head injury must go to hospital. Return to school and sport following any diagnosed concussion will be informed by medical advice and using the Concussion Guidelines from:

- The Sport and Recreation Alliance - 'If in Doubt Sit Them Out'
- Association for Physical Education (AfPE)
- Return2Play

Serious consideration should be given to the chance and effects of a second head injury during the recovery period from the initial incident, and appropriate precautions, e.g. rest or phased return. taken.

Suspected Spinal Injury

If a neck or back injury is suspected DO NOT put the casualty in the recovery position unless immediate loss of life is at risk. An ambulance must be called.

First Aid Outside the School (e.g.during sporting fixtures/events)

- During sporting fixtures, home or away, first aid kits will be made available. This enables first aiders accompanying the pupils to administer basic first aid.
- Staff must report any incidents and details of first aid given to the First Aid Coordinator on return to school.

First Aid for Pupils on School Trips and Off-site activities

- School trip / off-site activity risk assessments should identify if there is anyone on the trip that needs special care, consideration or support, who the first aiders are, and the arrangements if a pupil, member of staff, or any person accompanying the group becomes ill or is injured on the trip.
- Any medical conditions/information affecting any of the pupils must be conveyed to the Trip Leader by the First Aid Coordinator in good time before the trip takes place.

- A first aider will always accompany the trip and a medical bag / portable first aid kit will always be taken.
- Medication is carried in the medical bag if required, e.g. pupils asthma inhalers (ALWAYS blue in colour) and adrenaline auto-injectors. The bag will be the responsibility of the Trip Leader or designated trip First Aider.
- Staff carry mobile telephones to enable communication with the emergency services and school should an emergency occur. The use of mobile phones must be in line with the Staff Code of Conduct and Safeguarding Policy.
- Staff must report any incidents and details of first aid given to the First Aid Coordinator on return to school.

6. First Aid Kits and Other First Aid Equipment

Please refer to **Annex B** for a list of the locations of all first aid kits, defibrillators, emergency medication e.g. AAIs and Inhalers, and other emergency first aid equipment.

All first aid kits, other first aid equipment, eg defibrillators and emergency medication (AAIs and inhalers), are regularly checked (at least termly) by the First Aid Coordinator to ensure they are in place, adequately stocked, in date and in good condition.

It is recommended that where there is no specific risk identified, first aid kits are provided with at least the following contents:

- a leaflet giving general advice on first aid
- 20 individually wrapped sterile adhesive dressings of assorted sizes
- two sterile eye pads
- four individually wrapped triangular bandages
- six safety pins
- six medium sized individually wrapped unmedicated wound dressings
- two large individually wrapped unmedicated wound dressings
- three pairs of disposable gloves

Further guidance can be found in the HSEs *First Aid Guidance* (L74) - click here and scroll to page 32.

7. First Aid Records, Accident Records and Accident Reporting

FIRST AID RECORDS

The school will keep a record of any first aid treatment given by the First Aid Coordinator or first aiders in the Daily Log and ISAMs Medical Centre module. This will include:

- Name of the injured person
- Class / form if they are a pupil
- Date, time and location of incident
- Details of the injury and what first aid /medication was given
- Name and signature of the first aider dealing with the incident
- What happened to the person immediately after treatment e.g. went back to class, resumed normal duties, went home, went to hospital)

NB Where appropriate First Aid records can be combined with Accident Records - no need for duplication.

ACCIDENT RECORDING and REPORTING

The school will make detailed records of accidents, injuries and illnesses, together with an account of any first aid treatment, medication or treatment given to all pupils, employees and visitors. It will also make reports to parents, and external organisations as required.

- All accidents to pupils, staff and visitors will be reported to the First Aid Coordinator and serious accidents and near misses will be reported to the Head, Head of Operations and Health and Safety Coordinator ;
- Parents will be informed as soon as is reasonably practicable of any accident or injury sustained by their child, and of any first aid / medical treatment given. Accidents involving EYFS children must be reported to parents on the same day they occur.
- If schools are registered providers of children under the age of 3 Ofsted and local child protection agencies must be notified if a child under the age of 5 dies or suffers any serious accident, illness or injury (defined as those requiring the child to go to hospital) whilst in their care. Notification must be made as soon as is reasonably practicable, but in any event within 14 days of the incident occurring.
- The First Aid Coordinator and First Aiders are responsible for ensuring all accidents are recorded. This includes accidents occurring on the school premises and during off-site matches, activities and school trips. Details of all accidents and serious near misses will be recorded on an accident form kept in the Medical Room.
- Accident records will include:
  - Name of injured person
  - Class / form if they are a pupil
  - Job title / role if they are a member of staff
  - Contact details if they are a visitor
  - Date and time of incident;
  - Place where incident occurred (photos / site plans can be very helpful)
  - Details of what the injured person was doing at the time of the accident
  - If injured person was a pupil, who was supervising them
  - Cause of injury
  - Details of the injury (a body map is helpful)
  - First aid / medication given and name of first aider
  - What happened to the person immediately after treatment, e.g. went back to class, went home, went to hospital;
  - Names of anyone else involved in the incident and any witnesses
  - Time parents contacted and key information given
- Accident records are stored in a format that is compliant with Data Protection Regulations.
- Accident Records relating to staff and adult visitors will be kept for a minimum of seven years.
- Accident Records relating to pupils and child visitors will be kept until they reach the age of 25. (Pupils can bring a claim in their own right, rather than through their parents, once they reach the age of 18, so there remains the possibility of a pupil bringing a claim against a school up to the age of 25.
- The Head/First Aid Coordinator/Head of Operations/Health and Safety Coordinator will ensure that RIDDOR reportable accidents and incidents are reported to the Health and Safety Executive within the appropriate time scales (see **Annex E** for checklists to determine which accidents are RIDDOR reportable);
- All serious accidents or near misses will be investigated to identify the causes and minimise the risk of a similar incident occurring;

- A review and analysis of the accident records will be undertaken each term by the schools H&S Committee to identify any trends and areas for improvement. This will include:
  - The total number of accidents incurred by staff, pupils and visitors
  - Locations where accidents / incidents occur
  - Causes of accidents / incidents
  - Brief details of any unusual or notable accidents / incidents and the measures taken to prevent reoccurrence

8. Accident Investigation

All serious accidents and near misses should be investigated by the Head / Bursar and Head of Department responsible for the activities during which the accident / near miss took place. The investigation should seek to identify the immediate and root causes of the accident/near miss in order that action can be taken to prevent them reoccurring in the future.

The investigation should include photographs taken at the scene of the accident, a timeline and detailed record of events, witness statements, any correspondence with interested parties, risk assessments and records e.g. lesson plans, completed checklists, equipment inspection records, training records, qualification certificates, consent forms, accident reports, first aid treatment records. An investigation report should be written and a copy kept on file in the event of future insurance claims or HSE investigations.

Detailed guidance on investigating accidents and incidents is available in the HSE's document HS245 “Investigating Accidents and Incidents”

9. Medicine Storage and Administration

STORAGE

Pupils should not have medicines in their possession (other than emergency medicines such as adrenaline auto-injectors (AAIs) and inhalers) whilst they are at school. However, pupils should know where their medicines are stored and who is authorised to administer them.

- If a child requires medication to be administered in school, his/her parent must complete and return a Medicine Request/ Administration Consent Form (available on the Parent Portal or from the Medical Room) providing all the necessary information and permission, including why the child needs the medicine. Medical authorisation and parental consent must also be obtained for the use of the school’s emergency salbutamol inhalers and emergency AAIs by children who have been prescribed an inhaler or who are at risk of anaphylaxis.
- No child should be given medicines without their parent’s written consent. However, in an emergency any member of staff may administer an AAI or chlorpheniramine (antihistamine) or ventolin reliever (blue) inhaler for the purpose of saving a life (The Human Medicines Regulations 2012 Section 238 and Schedule 19) If in doubt call 999 and take the advice given by the emergency services.
- If a parent sends medication to school prescribed by a non-UK doctor / healthcare professional the First Aid Coordinator should check that it is on the UK approved list. All ingredients and full administration instructions (name of the child it is intended for, dose

and frequency of administration) must be clearly written in English on the original label. If these conditions are not met the medication will not be administered by school staff.

- With the exception of inhalers and AAIs, all medicines (prescribed and non-prescribed) homoeopathic remedies, vitamins and supplements must be stored in the original container in which they were dispensed / bought, in accordance with the instructions on the label, either in a locked cupboard or a locked refrigerator (eg antibiotics and insulin). The container should be clearly labelled with the name of the child it is intended for, dose and the frequency of administration.
- Prescribed medicines, e.g. antibiotics, should only be brought into school by day pupils when it would be detrimental to the child's health if the medicine were not administered during the school day. The school should only accept medicines that have been prescribed for the child by a doctor, dentist, nurse prescriber or pharmacist prescriber. Medicines should always be provided in the original container and include the prescriber's instructions for administration.
- Emergency medicines, such as AAIs and inhalers, should be kept in a readily accessible safe place. Older pupils may carry their own emergency medicines if staff deem they are sufficiently responsible.
- All controlled drugs must be stored in a non-portable container inside a locked cupboard or fridge which only named staff have access to. However they must be easily accessible in an emergency. They may only be administered by named staff who have received training in their administration. A record should be kept of any doses used and the amount of controlled drug held.
- The temperature of medicine fridges should be between 2o and 8oC, monitored daily and the temperature recorded. The fridge should be cleaned and defrosted regularly.
- Staff whIf a parent sends medication to school prescribed by a non-UK doctor / healthcare professional the First Aid Coordinator should check that it is on the UK approved list. All ingredients and full administration instructions (name of the child it is intended for, dose and frequency of administration) must be clearly written in English on the original label. If these conditions are not met the medication will not be administered by school staff.o bring prescribed or over-the-counter medications to school or on school trips for personal use must ensure that their medicines are securely stored, especially in EYFS settings.

ADMINISTRATION

Refer to **Annex C** for a list of staff who are authorised to administer medication.

- Medicines should only be administered by the First Aid Coordinator or by nominated staff who have access to up-to-date information about a child's need for medicines and parental consent, and have received appropriate training to administer medication.
- A record should be kept of all pupils who are deemed competent and sufficiently responsible to self-medicate, together with a comprehensive risk assessment.
- Some children who take regular medication will have an Individual Healthcare Plan (IHP). The care plan should be reviewed at least annually by the First Aid Coordinator, or more often if it is updated by their healthcare professional

- Arrangements for pupils to take any necessary medication on school trips / off-site activities / away matches, either routinely or in emergency situations, must be taken into consideration when the trip / visit is planned. All medication will be held by the Trip Leader or designated trip First Aider and given when appropriate.
- Non-prescription medicines should not normally be administered to children under the age of 8 whilst at school.
- Children under 16 should not be given aspirin unless it is prescribed for medical purposes.
- Before administering the medicine staff should check:
    - The child's name
    - The child's medical consent forms
    - Name of medication, that it is in its original labelled container as dispensed by the pharmacist and its expiry date
    - Prescribed dose and method of administration
    - Time / frequency of administration
    - Instructions provided by the prescriber on the label or container
    - Any information re side effects or restrictions on use, eg asthmatics should not take ibuprofen.
- Every time medicine (prescribed and non-prescribed) is administered to a child, staff must complete and sign a record and inform the child's parents as soon as possible, preferably the same day. The record should include:
    - Name of child
    - Class / form name
    - Date and time medicine administered
    - Name and strength of medicine
    - Dose given
    - Method of administration, eg orally, topically or administered by the pupil themselves
    - Any observed reactions / side effects
    - Name & signature of staff administering the medicine
- The school has a system to ensure that if boarding house staff administer medication, the nursing staff / Medical Room is informed to avoid the risk of double dosing. (Boarding schools)
- If an error in administering medication is made the pupil's parents should be notified immediately and appropriate action taken to prevent any potential harm to the child. The Head should be informed and relevant documentation completed, e.g. Near Miss/ Incident report form.
- If a child refuses to take medication, or spits it out, they should not be forced to take it. A note should be made in their records and their parents contacted the same day to discuss the situation.

DISPOSAL of MEDICINES

Medicines provided by parents should be returned to them once they are no longer needed by their children, or when they reach their expiry date. If parents do not collect medicines they should be taken to a local pharmacy for safe disposal.

Staff Taking Medicines

Staff must seek medical advice if they are taking medication which may affect their ability to care for children, or affect their ability to do their job safely. Staff are responsible for their own medication which must be securely stored at all times, especially in EYFS settings. The

school cannot be held responsible for staff medication. As a matter of course staff should provide their own non-prescription medication, e.g. Paracetamol for headaches, but the First Aid Coordinator can occasionally provide a dose to staff who do not have their own supply in order to enable them to continue to work in comfort.

Pupils must not be able to reach or touch any staff medication, and all non-prescription medication kept e.g. in personal handbags, should be stored securely in staff lockers or locked desk drawers.

All staff are required to sign an annual medical declaration which is securely held by the Head's PA in their Office. This information is confidential. All staff are contractually required to update their medical information should it change at any point during the academic year.

10. Infection Control Procedures, including dealing with the spillage of body fluids

Infection control measures aim to interrupt the cycle of infection by the routine use of good standards of hygiene, and other measures, so that transmission of infection is reduced overall. The school aims to achieve this is by:

- Encouraging staff and pupils to practise high standards of personal hygiene, particularly good hand washing and cough etiquette,
- Making sure the school environment is kept clean,

- Following a strict protocol for cleaning up spillages of bodily fluids and disposing of clinical waste and sharps,
- Ensuring staff and pupils who are suffering, or potentially suffering, from infectious diseases do not return to school before the recommended exclusion period for their illness has elapsed,
- Boarders who are suffering from infectious illnesses are moved to quarantine accommodation with its own toilet and washing facilities.

Hand-washing and Personal Hygiene

Handwashing is the key to reducing the spread of many infectious diseases. Encourage everyone to thoroughly and regularly wash their hands using soap and warm water, particularly:

- after using the toilet
- after coughing / sneezing
- before eating any food, including snacks
- after breaks and sporting activities
- before food preparation
- after undertaking any cleaning activities

If hand washing facilities are not available, hand sanitisers can be used as an alternative.

Many infections are spread through coughs and sneezes. Teaching, practising and promoting good 'cough etiquette' plays an important role in infection prevention and control.

Cleaning

Regularly cleaning the school environment is important to prevent and control the spread of infection. Measures for effective cleaning include:

- Implementing a detailed cleaning schedule which specifies the most appropriate cleaning chemicals, dilution rates, contact times and cleaning materials.
- Paying particular attention to frequently touched areas and surfaces, such as key-pads, door handles and push plates, handrails and bannisters, wash hand basin taps and toilet flush handles, light switches, shared keyboards /mice, touch screens, telephones and hand operated dispensers.
- Regularly removing rubbish and waste
- Thoroughly cleaning and ventilating an area occupied by someone with an infectious disease after they have left. Use of household disinfectant and single use / disposable cloths / paper towels will significantly reduce the risk of passing the infection on to other people.
- Everyone who undertakes cleaning tasks should ensure they wash their hands regularly, particularly at the end of the task and before preparing or consuming food or drinks.
- Anyone who cleans a room occupied by someone with an infectious disease should wear disposable gloves and aprons. At the end of the task they should take them off carefully to prevent self-contamination, and dispose of them correctly, then wash their hands thoroughly with soap and warm water.
- Anyone who cleans up bloods and bodily fluids (vomit, urine, faeces, saliva and nasal discharges) must follow the protocol for cleaning up spillages of bodily fluids

Protocol for Cleaning up Spillages of Bodily Fluids

All spillages of blood and bodily fluids (vomit, urine, faeces, saliva, and nasal discharges) should be cleaned up immediately to reduce the risk of infectious micro-organisms causing further illness. The main risk is infection following hand to mouth/nose/eye contact. There is also a risk of infection via broken skin (cuts or scratches).

Before clearing up any spillages of body fluids:

- Train staff how to do this safely and effectively.
- Collect dedicated cleaning equipment eg: bucket, scraper, brushes, disposable cloths/paper towels, closable containers and bags.
- Collect appropriate absorbent material e.g. Absorbgel or cat litter, and cleaning chemicals: surface disinfectants such as Distel / TriGene or hypochlorite solution (always follow the manufacturer's instructions).
- Cover all cuts and scratches with a waterproof dressing.
- Wear disposable, abrasion-resistant waterproof gloves and a disposable waterproof apron.
- If necessary, wear disposable overshoes or wellington boots.
- Provide good ventilation, e.g. by opening windows
- Erect barriers and warning notices
- Provide buckets with disinfectant and long-handled brushes for personal decontamination at the exit point.

Cleaning Procedure

- Use 'AbsorbaGel' solidifying agent or cat litter to turn any fluid into a gel/solid which can be picked up easily and disposed of.
- Scrape up residues into the closable container, for safe disposal
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- Bag up contaminated material that needs laundry or disposal, eg bedding, clothing, soft furnishings
- Wash surfaces clean with detergent and then disinfect them
- Vomit and faeces may be disposed of in a WC
- Small quantities of tissue paper / paper towel or similar biodegradable material contaminated with minor blood / bodily fluid stains can be disposed of by:
  - flushing down the toilet, providing there is no danger of blocking the drains
  - in a sanitary waste bin
  - in a yellow 'clinical waste' collection bag.
- Larger quantities of contaminated tissues, paper towels and cloths, and disposable gloves, aprons and shoe covers, more heavily contaminated with blood / bodily fluids should be disposed of in a yellow 'clinical waste' collection bag, or if this is not available, in a sealed plastic bag which is placed in a sanitary waste bin.

After the clean-up process has been completed:

- Clean and disinfect all reusable work equipment, eg scrubbing brushes.
- Remove and dispose of disposable gloves and aprons.
- Change out of contaminated work clothing, bag up and disinfect as soon as possible on a high temperature wash cycle.
- Wash your hands thoroughly

Clinical Waste and Sharps

- Clinical Waste in biohazard / yellow bags must be collected by a registered waste carrier and incinerated.
- General waste in the Medical Room bins can be disposed of alongside other normal waste.
- Sharps e.g. syringes and hypodermic needles, must be placed in a puncture proof sharps container kept in the Medical Room or a locked cupboard.
- When full, the sharps container will be disposed of by a licensed waste carrier or at a local hospital or doctor's surgery.

Infectious Staff and Pupils

Staff and pupils with symptoms of infectious diseases must not come to school. See the following documents for details of exclusion periods:
UKHSA - Health Protection for Schools – Infection exclusion table
UKHSA - Health Protection in Schools - Guidance on managing cases of infectious diseases in schools

Parents and staff will be frequently reminded that the exclusion period, as advised by the NHS, for diarrhoea and/or vomiting is 48 hours from the last episode, to prevent the spread of infection in school.

Some infectious diseases are notifiable. These are usually notified through a GP. A nominated person in the school (usually the First Aid Coordinator) will contact the local Health Protection Team as soon as possible to report any serious or unusual illness particularly for:

- Escherichia coli (VTEC) (also called E.coli 0157) or E coli VTEC infection
- food poisoning
- hepatitis
- measles, mumps, rubella (rubella is also called German measles)

- meningitis
- tuberculosis
- typhoid
- whooping cough (also called pertussis)

Click here for full list of notifiable diseases.

11. Arrangements for Pupils with Particular Medical Conditions

Allergic Reactions and Anaphylaxis

The school has a detailed Allergy Policy. Templates are available from:
- The ISBA Reference Library
- The Allergy Team

Whilst many people have mild allergic tendencies to a wide range of substances, some people can have sudden and very severe reactions, which can be fatal. This is known as anaphylaxis.

Allergic reactions and anaphylaxis occur when a person with allergies is exposed to a particular trigger e.g. nuts, certain foods, insect stings / bites, animal fur, or certain medicines. During an allergic reaction / anaphylaxis, cells release histamine in large quantities. The blood vessels become leaky resulting in swelling in the surrounding tissues.

See the following websites for further information on allergies and anaphylaxis

Each pupil prescribed with an Adrenaline Auto Injector (AAI), or diagnosed as at risk from anaphylaxis, must have:
- A personal risk assessment
- An Allergy Action Plan
- An Individual Health Care Plan (IHP)
- An activity risk assessment should also be completed for relevant activities, eg science and food tech lessons using the allergens

The Allergy Action Plan should be completed by the pupil's healthcare professional, but if this has not been provided, use the templates on the BSACI website.

The IHP should include key information that can be used to:
- Train staff, e.g:
  - Description of the child's disorder including known triggers and presenting feature;
  - Importance of being familiar with the Allergy Action Plan
  - Locations of pupil's AAIs and schools emergency AAIs
  - Record keeping and documentation.
- Communicate between parents, doctors, and school staff as well as communication within the school itself.
- Parental responsibility for checking adrenaline auto-injectors expiry dates and providing new ones if they are used / are near the end of their shelf-life.

The symptoms for allergic reactions vary, but are usually consistent for each individual. They are characterised by the following features:

Mild Reaction

- Swollen lips, face or eyes
- Itchy / tingling mouth
- Mild throat tightness
- Hives or itchy skin rask
- Abdominal pain or vomiting
- Sudden change in behaviour

Action to take:

- Send the child accompanied by an adult to the First Aid Coordinator for treatment in accordance with their Allergy Action Plan.
- Ensure their AAIs are easily available.
- Do not take a shower to help with itchy skin - this can worsen the reaction

Severe Reaction - signs of anaphylaxis - potentially life threatening

- **A - Airway**
  - Persistent cough
  - Hoarse voice
  - Difficulty swallowing
  - Swollen tongue
- **B - Breathing**
  - Difficult or noisy breathing
  - Wheeze or persistent cough
- **C - Consciousness**
  - Persistent dizziness
  - Pale or floppy
  - Suddenly sleepy
  - Collapse/unconscious

Emergency Protocol - If any one (or more) of these symptoms are present:

- Lie person flat with legs raised (if breathing is difficult allow the person to sit)
- Administer adrenaline auto-injector (AAI) as soon as possible - do not delay.
- Call 999 and state 'ANAPHYLAXIS'

- Stay with the person until the ambulance arrives; reassure and monitor their condition. Keep them lying down, even if they seem to be getting better - do NOT let them stand up.
- If no improvement after 5 minutes give a further dose of adrenaline with a second AAI.
- Be prepared to commence CPR if necessary
- Send the used AAI(s) with the person to hospital
- Record the incident on the pupil's records and complete an accident / incident form.
- Inform parents/guardian as soon as possible

Guidelines for Using an Adrenaline Auto-Injector (AAI)

1. Pull off the safety cap. *(Never put fingers over tip, when the safety cap has been removed).*
2. Place tip on thigh, at right angle to leg.
3. Always apply to the thigh, never to the buttock. The AAI may be administered through clothing in an emergency situation.
4. Press hard into the thigh until the AAI mechanism functions. This will consist of a positive click and the feel of the force as the needle is released. (This force may take you by surprise as it can seem very severe. The leg will have to be held still as this is done.)
5. Hold the AAI there for 10 seconds to allow the unit to empty.
6. Rub the injection area for 10 seconds post delivery.
7. If no improvement after 5 minutes, a second AAI dose may be administered if instructed by the emergency services or if specified in the child's IHP
8. One would expect colour to improve with easier breathing and return to consciousness.
9. Replace used AAI in a plastic box and take it to hospital with the child.
10. Record what has been given, when and by whom.

- Click here for an infographic on correct use of AAIs
- Click here for a video on correct use of AAIs

Notes re Adrenaline Auto Injectors (AAIs)

- Parents should provide the school with two AAIs.
- Each pupil's AAI will be clearly marked with their name and stored in named containers along with a copy of completed consent forms, their Allergy Action Plan and Individual Health Care Plan and any other medication that might be used e.g. antihistamine.
- Both of the pupils AAI's will be kept in a named box in the Medical Room
- All pupils **must** take **both** their AAIs with them when they go off the premises, e.g. to away matches, or school trips. Games teachers and Trip Leaders must ensure that this life saving treatment is to hand and return them when they arrive back in school.
- At the end of each academic year any unused AAIs will be returned to parents who are responsible for returning in-date AAIs medication to the First Aid Coordinator at the beginning of the autumn term.

Emergency Adrenaline Auto-Injector Devices

Schools can buy AAIs without a prescription for use in emergency situations, e.g. if a child who has already been prescribed adrenaline auto-injector devices has not got their own AAI with them, or it has expired.

The school should ensure they have a sufficient number of Emergency AAIs - at least two.

The emergency AAI should only be used on pupils who are known to be at risk of anaphylaxis, and for whom both medical authorisation and written parental consent for use of the emergency AAI has been given. Consent should be updated regularly – ideally annually – to take account of the changes in the child's condition. However, in an emergency any member of staff may administer an AAI or chlorpheniramine (antihistamine) for the purpose of saving a life (The Human Medicines Regulations 2012 Section 238 and Schedule 19).

Click here for Dept of Health guidance on the use of adrenaline auto-injectors in schools.

Allergy Drills

The school will do regular staff training and Allergy Drills to ensure all staff know how to recognise and respond to an allergy incident, where to find the AAIs and how to use them.

Asthma

Asthma is a chronic disorder caused by the inflammation of the linings of the bronchioles and an increase in the production of mucus, causing a dry cough and tightness in the chest. Classic symptoms of asthma include: wheeze, cough, shortness of breath and tightness in the chest.

The common triggers for asthma are: exercise, cold air, upper respiratory tract infection, grass pollen, emotional stress, exposure to pets, smoke, house dust mites and medicines such as non-steroidal anti-inflammatory drugs.

Further information on Asthma can be found **here**.

Each pupil diagnosed with severe asthma, must have:

- A personal risk assessment
- An Asthma Action Plan
- An Individual Health Care Plan (IHP).
- An activity risk assessment should also be completed for relevant activities.

The Asthma Action Plan should be completed by the pupil's healthcare professional, but if this has not been provided, use the templates on the Asthma & Lung UK website.

The IHP should include key information that can be used to train staff, e.g:

- Description of the child's disorder including known triggers and presenting feature;
- Importance of being familiar with the Asthma Action Plan
- Locations of pupil's inhaler and schools emergency inhaler
- Record keeping and documentation.

There are two main types of inhalers for the treatment of asthma – relievers and preventers.

Relievers – Bronchodilators (Blue), ventolin or salbutamol

- These relax smooth muscle, dilating the bronchi and opening the airway.
- Relievers are essential in treating an asthma attack.
- Relievers are a safe and effective medicine and have very few side effects. However, some children may feel shaky if they take several puffs.
- Children cannot overdose on reliever medicines and these effects pass quickly.

Preventers – Steroids and non-steroidal anti-inflammatory agents (usually brown, orange, purple)

- These reduce and prevent inflammation of the airways and prevent muscle spasm and swelling, thus protecting the lining of the airways. Taking preventer medicines means that a child with asthma is less likely to react badly when he/she comes into contact with an asthma trigger.

Schools Emergency Inhalers

Schools can buy Salbutamol inhalers without a prescription for use in emergency situations, e.g. if a child who has been diagnosed with asthma has not got their own inhaler with them, or it is empty.

The emergency inhaler should only be used by pupils who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication, and for whom both medical authorisation and written parental consent for use of the emergency inhaler has been given. Consent should be updated regularly – ideally annually – to take account of the changes in the child's condition.

Click here for Dept of Health guidance on the use of emergency inhalers in schools.

Common signs and symptoms of an asthma attack:

- Coughing
- Shortness of breath
- Wheezing
- Tightness in the chest
- Difficulty speaking in full sentences

How to help:

- Keep calm
- Encourage the child to sit and lean slightly forward
- Make sure the child takes two (2) puffs of reliever (blue) inhaler immediately, preferably through a spacer. (Spacers give a more accurate delivery of dosage of medication)
- Reassure and encourage the child to breathe slowly and deeply
- Loosen tight clothing
- The child may require another 2 or more puffs of reliever inhaler (blue) through the spacer

If there is no improvement, and:

- The reliever has no effect after 5 to 10 minutes
- There is an audible wheeze
- The child is too breathless to talk
- The child's lips are blue
- Or if you are in any doubt

CALL 999 OR 112 FOR AN AMBULANCE STATING ASTHMA ATTACK – CHILD and follow the instructions given by the operator.

Diabetes

What is diabetes?

- Diabetes is a long-term medical condition where the body cannot produce enough insulin which controls the level of glucose in the bloodstream. Sometimes those who have diabetes may have a diabetic emergency, where their blood sugar level becomes too high or too low. Both conditions could be serious and may need treatment in hospital.

- Insulin is a chemical produced by the pancreas (that lies behind the stomach). It regulates the blood sugar (glucose) levels in the body. When someone has diabetes, their body cannot keep the blood sugar level within the normal range. Their level can be higher or lower than normal blood sugar.

- There are two types of diabetes:
  - Type 1, known as insulin dependent diabetes
  - Type 2, non-insulin dependent diabetes
- Some diabetics wear 'medical alert jewellery' e.g. bracelets or necklaces, to communicate vital medical information to first aiders in an emergency.

Further information on Diabetes can be found here

Parents of children with diabetes are responsible for providing diabetes equipment / medication for their children in school and also providing a detailed Individual Healthcare Plan (IHP) which has been drawn up for the child by a paediatric diabetes specialist nurse. The IHP should include key information that can be used to train staff, e.g:

- Description of the condition and way it is managed;
- Practical aspects of the condition e.g. the need to:
  - Check blood sugar levels at regular intervals
  - Pass increased volumes of urine if blood sugar levels are high, hence requests to go to the toilet must be respected.
  - Have meals at regular times throughout the day, which may affect lunch-time activities.
  - Eat snacks in-between mealtimes, which may be during lessons.
- Where the pupil's insulin is stored
- Procedures for measuring blood sugar levels and administering insulin
- Signs of hypoglycaemia and hyperglycaemia and action to take
- Record keeping and documentation.
- Communication between parents, doctors, and school staff as well as communication within the school itself.

Hyperglycaemia
This is where the blood sugar level is higher than normal. It may be caused by a person with diabetes who has not had the correct dose of medication. They may have eaten too much sugary or starchy food or, they may be unwell with an infection.

Signs and symptoms - Look for:
- warm, dry skin
- rapid pulse and breathing
- fruity, sweet breath
- excessive thirst
- drowsiness, leading them to become unresponsive if not treated (also known as a diabetic coma)

What to do
- If you suspect hyperglycaemia (high blood sugar), they need urgent treatment. Call 999 or 112 for emergency help and say that you suspect hyperglycaemia.
- They may be wearing a medical bracelet or medallion, or have a card on them which can alert you to their condition.
- While you wait for help to arrive, keep checking their breathing, pulse and whether they respond to you.
- If they become unresponsive at any point, open their airway, check their breathing and prepare to start CPR.

Hypoglycaemia
This is where the blood sugar level is lower than normal. It can be caused by an imbalance between the level of insulin and the level of glucose in the blood. Someone with diabetes may recognise the onset of a hypoglycaemic episode.

Signs and symptoms - Look for:
- weakness, faintness or hunger
- confusion and irrational behaviour
- sweating with cold, clammy skin
- rapid pulse
- palpitations
- trembling or shaking
- deteriorating level of response

What to do
- If you suspect hypoglycemia (low blood sugar), help the person to sit down. If they have their own glucose gel or glucose tablets, help them take it. If not, you need to give them something sugary, such as a 150ml glass of fruit juice or non-diet fizzy drink; three teaspoons of sugar or sugar lumps; or three sweets such as jelly babies.
- If they improve quickly, give them more of the sugary food or drink and let them rest. If they have their blood glucose testing kit with them, help them use it to check their blood sugar level. Stay with them until they feel completely better.
- If they do not improve quickly, look for any other reason why they could be unwell and call 999 for emergency help.
- Look to see if they are wearing a medical bracelet or medallion, or have a card on them which can alert you to their condition and action to take.
- Keep monitoring their breathing and level of response while waiting for help to arrive.
- If they are not fully alert, don't try to give them something to eat or drink as they may choke.
- If they become unresponsive at any point, open their airway, check their breathing and prepare to give CPR.

Seizures including Epilepsy

A seizure can also be known as a convulsion or fit. In young children, seizures are usually caused by a raised body temperature, often following an infection. This type of seizure, known as a febrile seizure, occurs because the brain is not mature enough to cope with the body's high temperature.

Epilepsy is a term which is used to describe a proven tendency to have recurrent fits (also known as seizures or convulsions). Further information on Epilepsy can be found **here**.

Signs and symptoms - Look for:
- loss of or lack of a response
- vigorous shaking, with clenched fists and an arched back
- signs of a fever, with hot, flushed skin and sweating
- twitching of the face
- squinting, fixed or rolled back eyes
- breath holding with a red face and neck
- drooling at the mouth
- vomiting
- loss of bladder or bowel control.

What to do

Clear any objects away from around the child that could be dangerous. Then place pillows or soft padding, such as rolled up towels, around the child. This will help to protect them from injuring themselves while having the seizure.

- Do not restrain the child or move them unless they are in immediate danger.
- Do not put anything in their mouth.
- Try to cool the child down. Take off any bedding and clothes such as a t-shirt to help cool them. You might need to wait for the seizure to stop to do this. Make sure there is fresh air circulating but be careful not to overcool the child.
- When the seizure has stopped, place them in the recovery position to keep the airway open. Call 999 for emergency help.
- While you wait for help to arrive, reassure the child and parent. Monitor the child's level of response.

An Individual Health Care Plan must be completed for each pupil with Epilepsy. It should include key information that can be used to train staff, e.g:

- Description of the condition and way it is managed,
- Practical aspects of the condition e.g.:
  - Most pupils with the condition can lead a normal a life with minimum restrictions,
  - Pupils with epilepsy are allowed to swim provided they are appropriately supervised by a competent adult,
- Potential triggers,
- Nature of a pupil's fits, how they affect them,
- Action to take if a pupil has a fit whilst at school,
- Record keeping and documentation,
- Communication between parents, doctors, and school staff as well as communication within the school itself.

12. Useful Reference Documents and Websites

- Supporting Pupils with Medical Conditions - DoE
- Health Protection in Schools and Other Childcare Facilities
- First Aid in Schools, Early Years and Further Education – DfE - 2022
- First Aid Approved Code of Practice and Guidance - HSE - L74
- First Aid at Work : Your Questions Answered – HSE – indg214 – rev2 2018
- Guidance on Selecting a First Aid Training Provider - HSE – GEIS3
- Guidance on the use of adrenaline auto-injectors (AAIs) in schools - DoH
- Guidance on the use of emergency salbutamol inhalers in schools - DoH

Annex A - List of Staff with First Aid and Mental Health First Aid (MHFA) training

First Aid Training

Training is updated every three years and there is always at least one qualified person on school site when children are present

Name		***Qualification***	***Expiry Date***	***Department***
Jessie	*Ashton*	*CTQ Level 3 Award in Full Paediatric First Aid (Tigerlily)*	*05/01/2029*	*Learning Support*
Laurence	*Beaucham p*	*CTQ Level 3 Award in Full Paediatric First Aid (Tigerlily)*	*03/09/2027*	*MFL Department*
Rebecca	*Berry*	*QA Level 3 Award in Emergency Paediatric First Aid (RQF)*	*03/09/2027*	*Nursery*
Rebecca	*Berry*	*CTQ Level 3 Award in Full Paediatric First Aid (Tigerlily)*	*05/01/2029*	*Nursery*
Phillipa	*Biggs*	*QA Level 3 Award in Emergency Paediatric First Aid (RQF)*	*16/04/2027*	*Science/SLT*
Erin	*Black*	*Paediatric First Aid Level 3 (Mandatory Training Group)*	*08/04/2028*	*Music Peri*
Mems	*Boham*	*CTQ Level 3 Award in Full Paediatric First Aid (Tigerlily)*	*03/09/2027*	*Year 2 TA*
Julie	*Braley*	*CTQ Level 3 Award in Full Paediatric First Aid (Tigerlily)*	*05/01/2029*	*Administration*
Charlie	*Branch*	*CTQ Level 3 Award in Full Paediatric First Aid (Tigerlily)*	*03/09/2027*	*Nursery*
Emily	*Brawn*	*QA Level 3 Award in Emergency Paediatric First Aid (RQF)*	*03/09/2027*	*English/SLT*
John	*Brodley*	*QA Level 3 Award in Emergency Paediatric First Aid (RQF)*	*16/04/2027*	*Sports Department*
Ellie	*Brogan*	*QA Level 3 Award in Emergency Paediatric First Aid (RQF)*	*03/09/2027*	*Yrs 3 & 4/Breakfast Club*
Ellie	*Brogan*	*CTQ Level 3 Award in Full Paediatric First Aid (Tigerlily)*	*05/01/2029*	*Yrs 3 & 4/Breakfast Club*
Richard	*Brooks*	*QA Level 3 Award in Emergency Paediatric First Aid (RQF)*	*16/04/2027*	*Sports Department*
Alwin	*Brown*	*QA Level 3 Award in Emergency First Aid at Work (RQF)*	*10/05/2027*	*Maintenance*
Chloe	*Buck*	*QA Level 3 Award in Emergency First Aid at Work (RQF)*	*27/11/2026*	*TA*
Chloe	*Buck*	*CTQ Level 3 Award in Full Paediatric First Aid (Tigerlily)*	*05/01/2029*	*TA*
Eva	*Campbell*	*QA Level 3 Award in Emergency Paediatric First Aid (RQF)*	*02/09/2028*	*Nursery*

Alice	Clarke	Qualsafe Level 3 Award in Paediatric First Aid (Full Blue RQF)	11/09/2029	Year 1
Mike	Clarke	CTQ Level 3 Award in Full Paediatric First Aid (Tigerlily)	03/09/2027	Head of Yr 5 & 6
Ginnie	Davis	QA Level 3 Award in Emergency Paediatric First Aid (RQF)	03/09/2027	Learning Support
Stef	Davis	QA Level 3 Award in Emergency Paediatric First Aid (RQF)	02/09/2028	Reception TA
Stef	Davis	CTQ Level 3 Award in Full Paediatric First Aid (Tigerlily)	05/01/2029	Reception TA
Amanda	Dawkins	Qualsafe Level 3 Award in Paediatric First Aid (Full Blue RQF)	11/09/2029	Reception
Maria Luisa	Di Somma	QA Level 3 Award in Emergency Paediatric First Aid (RQF)	02/09/2028	Nursery
Maria Luisa	Di Somma	CTQ Level 3 Award in Full Paediatric First Aid (Tigerlily)	05/01/2029	Nursery
Steph	Dorling	FAIB Paediatric First Aid (Little Wing)	11/01/2028	Nursery Manager
Alex	Druce	QA Level 3 Award in Emergency Paediatric First Aid (RQF)	03/09/2027	Sports Department
Natasha	Edwards	CTQ Level 3 Award in Full Paediatric First Aid (Tigerlily)	03/09/2027	Administration/Marketing
Leanne	Foster	Qualsafe Level 3 Award in Paediatric First Aid (Full Blue RQF)	11/09/2029	Operations Manager/SLT
Shaun	Foster	ITC Level 3 Award in Forest School First Aid	18/10/2027	Outdoor Learning
Shaun	Foster	ITC Level 3 Award in Paediatric First Aid	18/10/2027	Outdoor Learning
Karen	Francis	QA Level 3 Award in Emergency Paediatric First Aid (RQF)	03/09/2027	Nursery
Karen	Francis	CTQ Level 3 Award in Full Paediatric First Aid (Tigerlily)	05/01/2029	Nursery
Caroline	Fuchs	FAA Level 3 Award in Emergency Paediatric First Aid (RQF)	19/09/2027	Teacher
Naomi	Gerald	CTQ Level 3 Award in Full Paediatric First Aid (Tigerlily)	08/03/2028	Reception TA
Daniel	Gilio	QA Level 3 Award in Emergency First Aid at Work (RQF)	10/05/2027	Grounds
Ros	Hanslip	QA Level 3 Award in Emergency Paediatric First Aid (RQF)	03/09/2027	Geography/Games
Bella	Hemsley	Paediatric First Aid (Blended) St John Ambulance	03/10/2028	Year 5/Sports Dept
Rachel	Hicks	QA Level 3 Award in Emergency Paediatric First Aid (RQF)	03/09/2027	DT Department
Laura	Hook	QA Level 3 Award in Emergency Paediatric First Aid (RQF)	03/09/2027	Head of Yrs 1 & 2/Year 2
Laura	Hook	CTQ Level 3 Award in Full Paediatric First Aid (Tigerlily)	05/01/2029	Head of Yrs 1 & 2/Year 3
Hayley	Hurford	CTQ Level 3 Award in Full Paediatric First Aid (Tigerlily)	03/09/2027	Year 1 TA

Wojciech	Jaworski	QA Level 3 Award in Emergency First Aid at Work (RQF)	10/05/2027	Maintenance
Cara	Kennedy-Wood	QA Level 3 Award in Emergency First Aid at Work (RQF)	03/11/2026	Maths
Victoria	Laurie	QA Level 3 Award in Emergency Paediatric First Aid (RQF)	02/09/2028	Year 3
Claire	Lawrence	CTQ Level 3 Award in Full Paediatric First Aid (Tigerlily)	03/09/2027	Nursery
Mary-Cait	Love	QA Level 3 Award in Emergency Paediatric First Aid (RQF)	03/09/2027	Year 4
Peter	Maggs	QA Level 3 Award in Emergency First Aid at Work (RQF)	10/05/2027	Minibus/Grounds
Peter	Maggs	Qualsafe Level 3 Award in Paediatric First Aid (Full Blue RQF)	11/09/2029	Minibus/Grounds
Debbie	Martin	QA Level 3 Award in Emergency Paediatric First Aid (RQF)	03/09/2027	Head of Art
Rob	Maskrey	QA Level 3 Award in Emergency First Aid at Work (RQF)	10/05/2027	Grounds
Maria	McAloon	QA Level 3 Award in Emergency Paediatric First Aid (RQF)	03/09/2027	EYFS/SLT
Maria	McAloon	CTQ Level 3 Award in Full Paediatric First Aid (Tigerlily)	05/01/2029	EYFS/SLT
Nataliia	Mosiichuk	CTQ Level 3 Award in Full Paediatric First Aid (Tigerlily)	05/01/2029	Year 1 TA
Kim	Nelson	CTQ Level 3 Award in Full Paediatric First Aid (Tigerlily)	05/01/2029	TA
Mark	O'Connor	Qualsafe Level 3 Award in Paediatric First Aid (Full Blue RQF)	11/09/2029	Minibus Driver
Sam	Palfrey	QA Level 3 Award in Emergency Paediatric First Aid (RQF)	02/09/2028	Yr 6/Prep Hist/Eng
Helen	Pardo	QA Level 3 Award in Emergency Paediatric First Aid (RQF)	16/04/2027	EAL
Bob	Parry	QA Level 3 Award in Emergency Paediatric First Aid (RQF)	02/09/2028	Minibus Driver
Bob	Parry	Qualsafe Level 3 Award in Paediatric First Aid (Full Blue RQF)	11/09/2029	Minibus Driver
Alexis	Parsons	QA Level 3 Award in Emergency Paediatric First Aid (RQF)	02/09/2028	Year 1
Alexis	Parsons	CTQ Level 3 Award in Full Paediatric First Aid (Tigerlily)	05/01/2029	Year 1
Triona	Pearson	Qualsafe Level 3 Award in Paediatric First Aid (Full Blue RQF)	11/09/2029	Reception
Mandy	Perkins	Qualsafe Level 3 Award in Paediatric First Aid (Full Blue RQF)	11/09/2029	Minibus Diver
Karina	Philips	QA Level 3 Award in Emergency Paediatric First Aid (RQF)	03/09/2027	Head of English

Catriona	Pitt	QA Level 3 Award in Emergency Paediatric First Aid (RQF)	03/09/2027	Head's PA
Catriona	Pitt	CTQ Level 3 Award in Full Paediatric First Aid (Tigerlily)	05/01/2029	Head's PA
Catriona	Pole	QA Level 3 Award in Emergency Paediatric First Aid (RQF)	02/09/2028	Nursery
Catriona	Pole	CTQ Level 3 Award in Full Paediatric First Aid (Tigerlily)	05/01/2029	Nursery
Simon	Redman	QA Level 3 Award in Emergency Paediatric First Aid (RQF)	03/09/2027	Food Tech
Abigail	Richardson	QA Level 3 Award in Emergency Paediatric First Aid (RQF)	16/04/2027	Year 2 TA
Abigail	Richardson	CTQ Level 3 Award in Full Paediatric First Aid (Tigerlily)	05/01/2029	Year 2 TA
Melissa	Rush	FAIB Paediatric First Aid (Little Wing)	29/05/2029	Nursery
Megan	Sharp	CTQ Level 3 Award in Full Paediatric First Aid (Tigerlily)	03/09/2027	Head of Music
Emily	Taylor	CTQ Level 3 Award in Full Paediatric First Aid (Tigerlily)	05/01/2029	Nursery
Catherine	Thomas	QA Level 3 Award in Emergency Paediatric First Aid (RQF)	02/09/2028	Art
Gina	Thorsby	FAA Level 3 Award in Emergency Paediatric First Aid (RQF)	06/01/2028	Art
Daniel	Todd	QA Level 3 Award in Emergency Paediatric First Aid (RQF)	03/09/2027	Sports Department
Helen	Tomlinson	First Aid at Work (3 Day) St John Ambulance	23/07/2027	First Aid Coordinator
Helen	Tomlinson	Qualsafe Level 3 Award in Paediatric First Aid (Full Blue RQF)	11/09/2029	First Aid Coordinator
Claire	Toomey	QA Level 3 Award in Emergency Paediatric First Aid (RQF)	16/04/2027	Housekeeping
Jull	Tuffley	QA Level 3 Award in Emergency Paediatric First Aid (RQF)	02/09/2028	Nursery
Sam	Umhoefer	CTQ Level 3 Award in Full Paediatric First Aid (Tigerlily)	03/09/2027	Year 3/4/ Games
Emma	Verdon	QA Level 3 Award in Emergency Paediatric First Aid (RQF)	02/09/2028	Learning Support
Hannah	Waldron	QA Level 3 Award in Emergency Paediatric First Aid (RQF)	02/09/2028	Year 2 TA
Hannah	Waldron	CTQ Level 3 Award in Full Paediatric First Aid (Tigerlily)	05/01/2029	Year 2 TA
Ian	Widdows	Emergency First Aid at Work (FAA Level 3)	06/11/2027	Maths/DL/Games
Emily	Wilkins	CTQ Level 3 Award in Full Paediatric First Aid (Tigerlily)	03/09/2027	Activities/Girls Games

MHFA First Aid Training

Name	Qualification	Date
Helen Tomlinson	Youth Mental Health First Aid 2 day course	5 - 6/07/2018
Phillipa Biggs	Mental Health First Aid (MHFA England) 1 day course	02/09/2021
Emily Brawn	Mental Health First Aid (MHFA England) 1 day course	02/09/2021
Ginnie Davis	Mental Health First Aid (MHFA England) 1 day course	02/09/2021
Shaun Foster	Mental Health First Aid (MHFA England) 1 day course	02/09/2021
Laura Hook	Mental Health First Aid (MHFA England) 1 day course	02/09/2021
Mary Cait Love	Mental Health First Aid (MHFA England) 1 day course	02/09/2021
Maria McAloon	Mental Health First Aid (MHFA England) 1 day course	02/09/2021
Emma Verdon	Mental Health First Aid (MHFA England) 1 day course	02/09/2021
Ros Hanslip	Mental Health First Aid (MHFA England) 1 day course	03/09/2021
Helen Pardo	Mental Health First Aid (MHFA England) 1 day course	03/09/2021
Karina Philip	Mental Health First Aid (MHFA England) 1 day course	03/09/2021
Abi Richardson	Mental Health First Aid (MHFA England) 1 day course	03/09/2021
Helen Tomlinson	Mental Health First Aid (MHFA England) 1 day course	03/09/2021
Sam Umhoefer	Mental Health First Aid (MHFA England) 1 day course	03/09/2021
Charlie Branch	Mental Health First Aid (MHFA England) 1 day course	16/04/2024
Catriona Pitt	Mental Health First Aid (MHFA England) 1 day course	16/04/2024
Frances Buckley	Mental Health First Aid (MHFA England) 1 day	16/04/2024

	course	
Ellie Brogan	Mental Health First Aid (MHFA England) 1 day course	16/04/2024
Ruthy Trevitt	Mental Health First Aid (MHFA England) 1 day course	16/04/2024
Shaun Foster	Mental Health First Aid (MHFA England) 1 day course	16/04/2024
Triona Pearson	Mental Health First Aid (MHFA England) 1 day course	16/04/2024
Mems Boham	Mental Health First Aid (MHFA England) 1 day course	16/04/2024
Emily Wilkins	Mental Health First Aid (MHFA England) 1 day course	16/04/2024
Hannah Waldron	Mental Health First Aid (MHFA England) 1 day course	16/04/2024

Annex B - List of of the Locations of First Aid Kits, Defibrillators, Emergency Medication and Other Emergency First Aid Equipment

First Aid Kits are kept in the following locations:

DT room Food technology room Grounds - Bluebell Woods, Pontoons and Low Ropes Groundsman's Shed Hockey Shed Kitchen Lantern Hall Main Hall Maintenance Shed Medical Room Office Middle Block Outside Medical Room Mini buses Music Nursery (all Rooms) Orangery Art room Pavilion Playground Prep Art room Reception Playground Science store room Stables Staff room Swimming Pool Mini first aid box in most teaching rooms	**Eye Wash Kits**: DT room Groundsman's Shed Food technology room Pool Plant Room Science store room Medical Room **Burns Kits**: Food technology room Groundsman's Shed Kitchen Medical Room Outdoor Learning Science store room **Defibrillator**: Foyer B of the Main Hall **Emergency Adrenaline Auto Injectors**: Outside Medical Room **Emergency Inhalers**: Outside Medical Room **Wheelchair**: Sports Pavillion

Annex C - List of Staff who are Authorised to Administer Medication

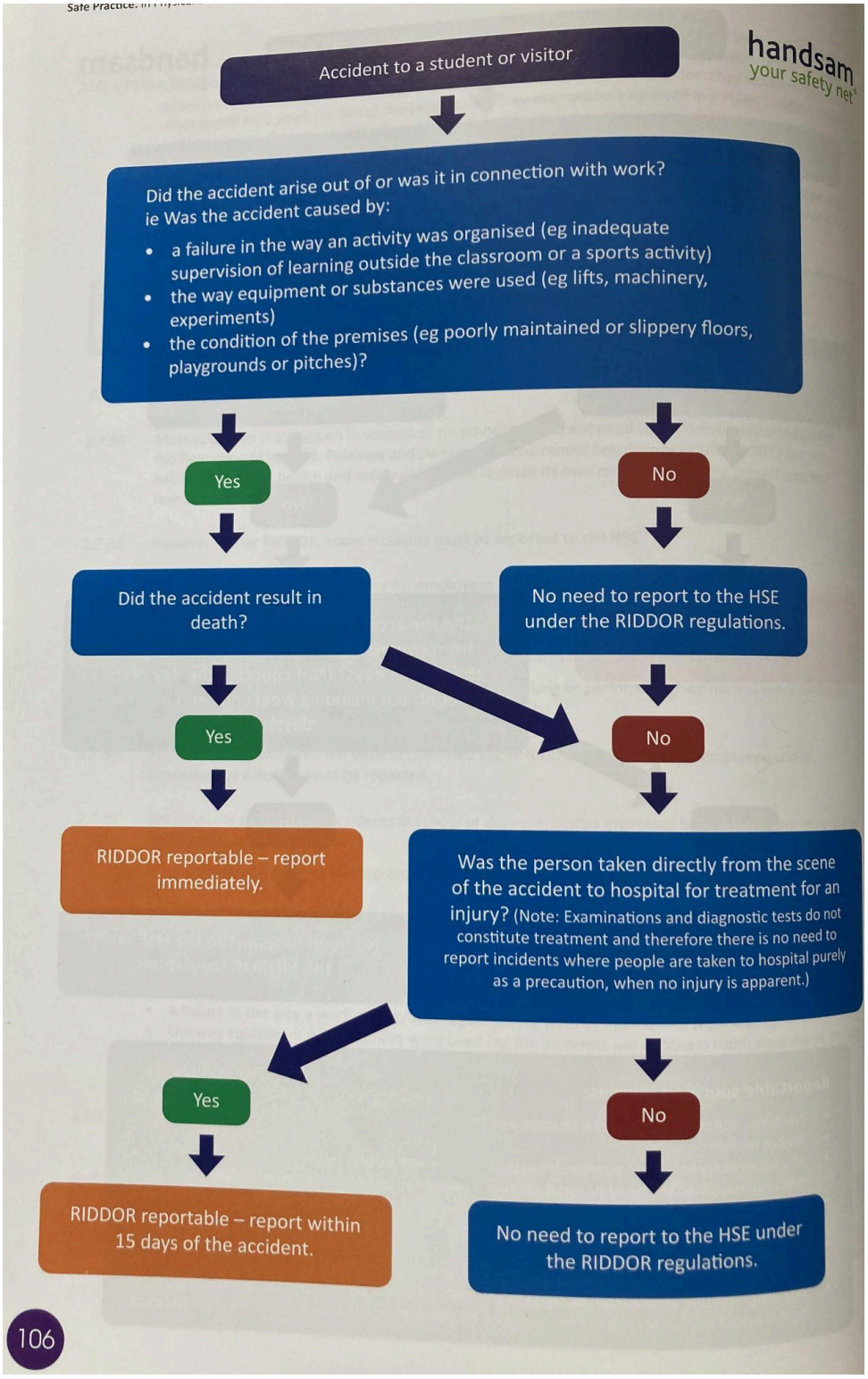
The following staff have received appropriate training and are authorised to administer medication:

Stephanie	Dorling	Administration of Medication in Schools	Completed 02/10/2026	Nursery Manager
Natasha	Edwards	Administration of Medication in Schools	Completed 04/10/2024	Administration
Triona	Pearson	Administration of Medication in Schools	Completed 02/11/2022	Reception
Catriona	Pitt	Administration of Medication in Schools	Completed 11/07/2023	Head's EA/Registrar
Helen	Tomlinson	Administration of Medication in Schools Level 2	Completed 05/02/2021	First Aid Coordinator

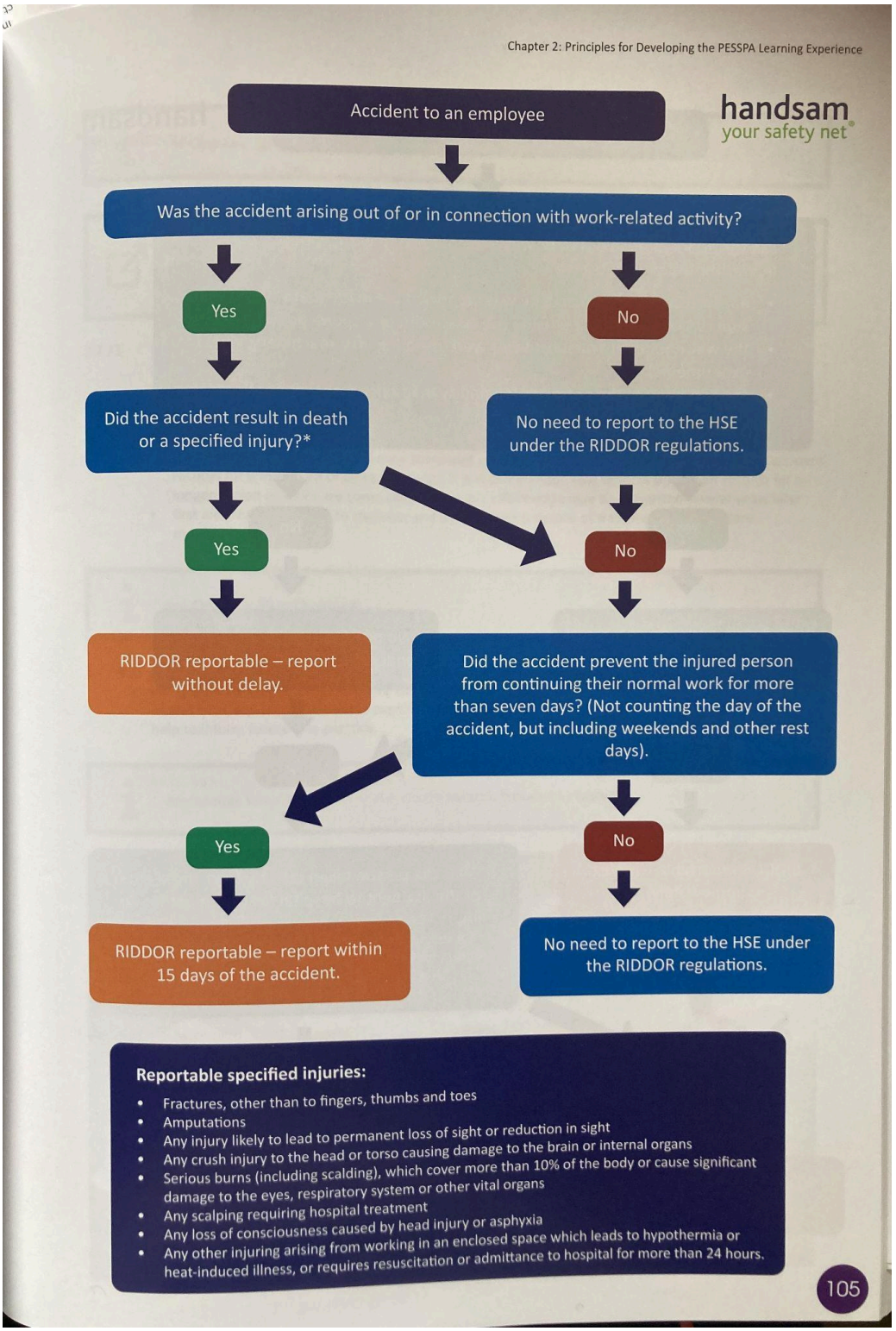
Annex D - The First Aid Coordinator is responsible for:

- Providing day to day medical, nursing, first aid, emergency and pastoral care to all children
- Maintaining accurate and confidential medical records
- Recording administration of non-prescription and prescribed medication, time and dosage
- Documenting Individual Healthcare Plans for children with chronic illness or allergy (if not provided by their health care professional)
- Undertaking competency assessments for children who carry their own emergency inhalers or AAIs
- Ensuring that accident forms are completed by anyone giving first aid treatment to a pupil, member of staff or a visitor.
- Updating school medical / first aid policies and disseminating information to relevant members of staff on a need to know basis
- Liaising with staff and parents re medical issues relating to pupils
- Ensuring that any child who needs to see a doctor is taken to the local surgery (Boarding schools only)
- Organising vaccinations/immunisations in line with public health recommendations.
- Following procedures for the safe disposal of drugs and clinical waste.
- Checking First Aid Kits and other first aid equipment/emergency medication
- Maintaining Medical Room stock, hygiene and tidiness
- Auditing Medical Room stock and children's prescribed medication. Recording of expiry dates.
- Implementing current health promotion initiatives
- Encouraging children to eat a balanced diet and liaising with other staff members and the kitchens to facilitate this.
- Fulfilling revalidation requirements to maintain NMC registration (registered nurses only)
- Maintaining in date First Aid certification

Annex E Reporting Pupil or Visitor Accidents to the HSE (RIDDOR)
(source Safe Practice in Physical Education, School Sport and Physical Activity - AfPE)



Reporting Staff Accidents to the HSE (RIDDOR)
(source Safe Practice in Physical Education, School Sport and Physical Activity - AfPE)



Procedures for First Aid, Health and Hygiene at Chandlings Prep

1. Parents' provision

The School requests that all parents/carers complete and sign the medical information and permission forms before their child joins the school: these detail any medical condition, immunisation history and permission to administer medication. Under our terms and conditions, parents/carers provide written consent enabling appropriate members of staff to seek emergency medical advice or treatment for the child in the event of a major accident, incident or illness occurring at school. Pupil records are kept securely in the Heads PA's Office and any digital medical records are kept securely on the School's administration system iSAMs.

Parents are asked to inform the School of any changes to their child's medical information. At the beginning of each school year, an annual reminder will be sent out for parents to provide the School with any new details of either medical conditions and/or contact details. A reminder will also be sent out at the start of the Spring and Summer terms.

All First Aid and medical support offered to a pupil by the First Aid Coordinator or covering First Aider is entered on iSAMS outlining the reason, the treatment provided and any further treatment that may be required.

2. First Aid

2.1 The Medical Room and access to First Aid equipment

The First Aid Coordinator is based in the Medical Room; the room has 2 beds, a wash hand basin, a lockable medicine cabinet, a lockable fridge and there is a toilet located nearby. The room is the main location for First Aid treatment and equipment. A wheelchair is available in the Sports Pavillion.

2.1.1 Access to First Aid Kits

First Aid kits are clearly identified with a white cross on a green background and are available in various locations throughout the School. The locations are also marked with a sign with a white cross on a green background so they may be easily found; a list of locations can be found in Annex B in the main policy.

Each classroom has a small kit to deal with minor incidents.

In Early Years, staff carry a First Aid kit for activities in the grounds. This also applies to lessons and activities in the wider grounds for Prep and Pre-Prep pupils.

There are also First Aid kits available for staff to take off-site for school trips and sporting fixtures. These are prepared for use by the First Aid Coordinator and will include any adrenaline auto-injectors and inhalers, as well as emergency medication for pupils with chronic conditions, along with information covering medical and dietary requirements for all pupils involved. General medication provided by parents for use in school is not taken to fixtures and trips unless it has been agreed in writing with the First Aid Coordinator and deemed necessary. In such an instance a note would be added to the pupil's record. Kits are signed out and returned to the Medical Room.

A list of the contents of each type of First Aid kit can be found in the Appendix below. Each list is not exhaustive and additional items may be added if the need arises. Staff can request extra items if and when they need them. Replacement items can also be obtained from the Medical Room.

The First Aid Coordinator is responsible for checking and restocking First Aid kits.

2.1.2 Automated External Defibrillator (AED)

Early access to defibrillation has been recognized as a significant factor in the survival from incidents of sudden cardiac arrest.

There is an AED on site: It is located in the learning support area (Foyer B) off the Main Hall, (entrance to the main hall nearest the tennis courts). Staff with Paediatric First Aid have received training on how to use an AED as part of their training. There is also a training video available for the specific model on the staff intranet homepage. All staff are able to administer an AED as clear voice instructions are given.

A visual check is made once each month as to its state of readiness by the First Aid Coordinator or office staff in her absence. A check and signature sheet is located with the AED. Battery and pads are replaced when needed.

2.2 Staff Providing First Aid Cover

The First Aid Coordinator is responsible for providing First Aid to pupils, staff, parents, and visitors to the School. The First Aid Coordinator is based in the Medical Room and is on-site from 08.00 until 17.00 every day. There may be occasions when the First Aid Coordinator is called away from the room, during this time she may be contacted via a radio (channel 10) from the School Office. If she is unavailable, her deputy will carry the radio and deal with any emergencies.

All staff providing First Aid cover must hold an in date qualification.

A list of Staff currently qualified in First Aid can be found in Annex A in the main policy.

In line with the School's first aid needs assessment, the First Aid Coordinator holds a current First Aid at Work (3 day) certificate. As a minimum, at least one person with a current Paediatric First Aid certificate is required if Early Years Foundation Stage pupils are present on site. This includes any holiday clubs run by the School. A paediatric First Aider must also accompany all school trips/outings undertaken by Early Years Foundation Stage pupils.

There will always be an adequate ratio of staff to pupils with appropriate first aid training present throughout the normal working day and during extra curricular events arranged outside normal working hours.

2.3 Qualifications and training

The Head of Operations and First Aid Coordinator discuss the School's needs and organise First Aid courses inviting attendance from all members of the School Staff. Records of staff qualifications coming up for expiry are checked and appropriate training booked to ensure an adequate supply of suitably trained first aiders. Records are maintained of those staff who hold a current First Aid qualification (see Annex A in main policy) as well as those staff trained in Mental Health First Awith a severe allergy requiring the use of an adrenaline auto injector (AAI) is compiled and updated regularly by the First Aid Coordinator. Chronic health conditions are flagged on iSAMS. Key information for pupils with chronic health conditions along with a photograph is available for staff to view on the Medical section of the Staff Portal.

Individual Health Care Plans (IHCP) or Allergy Action Plans are set up for pupils with chronic conditions including those with severe allergies requiring an adrenaline auto-injector, epilepsy which is medicated, diabetes and severe asthmatics. Copies of these are uploaded to the Medical section of the Staff Portal and they are also available to view in the Staff Room. Asthma cards are held for those pupils with an inhaler in school. Copies of the plans are kept with the medication for each child and taken on all fixtures and school trips.

id. These courses are organised by the Deputy Head Pastoral and Designated Safeguarding Lead. She is also the Mental Health Lead.

The staff portal includes training videos for Anaphylaxis and the use of adrenaline auto injectors (AAI's), the use of inhalers and the use of the Automated External Defibrillator (AED). The First Aid Coordinator will provide training and advice to all members of staff upon request and for specific chronic conditions. All staff receive refresher training for Anaphylaxis, including practising with a trainer pen, at the start of each academic year or on joining the school.

Training is offered to key staff who may need access to the Medical Centre module on iSAMS when covering First Aid.

2.4 Specific needs

There are a small number of pupils and staff with specific disabilities or chronic health conditions. A record of pupils with conditions such as asthma, diabetes and epilepsy, and those

Members of staff who wish for specific medical information to be known about themselves are invited to advise the First Aid Coordinator in person.

2.4.1 Use of mobility Aids

If a pupil or member of staff has reduced mobility due to injury or surgery and requires a mobility aid e.g. crutches/wheelchair, information is provided on an individual basis with regards to safe access routes and access to disabled toilets. A risk assessment must be completed by the First Aid Coordinator. A Personal Emergency Evacuation Plan (PEEP) should be developed for anyone with reduced mobility attending the school site. A wheelchair is kept in the Pavillion.

2.5 Practical Arrangements at the point of need

Any member of staff who holds a current first aid certificate may deal with minor issues. If an injury appears to be serious the pupil should be referred to the First Aid Coordinator or other qualified First Aider to assess the situation so that the correct action can be taken. The member of staff who witnessed or dealt with the injury in the first instance should fill in an accident form which is available from the First Aid Coordinator. All pupils who have a head injury must be referred to the First Aid Coordinator.

If a pupil is unwell, they should be sent to see the First Aid Coordinator. Depending on the age of the child and the nature of the complaint, the member of staff will judge whether the pupil needs to be accompanied to see the First Aid Coordinator. If the First Aid Coordinator is not in her room, they should go to the School Office and the staff there will contact the First Aid Coordinator via the radio.

The First Aid Coordinator or First Aider will decide on the course of action and whether parents need to be contacted. The School reserves the right to send a pupil home if he/she is a risk to the health and safety of others.

In the Early Years Department, if pupils become unwell, they are cared for in the classroom or in a nearby quiet area, calling for the assistance of the First Aid Coordinator when needed, while their parents are contacted to come and collect them. If First Aid has been administered the parents are informed and asked to sign to confirm that they have been told.

We request that pupils who have sickness or diarrhoea remain at home for at least 48 hours after their last bout of sickness or diarrhoea to prevent the spread of infection.

2.6 Emergency procedures

In the event of an accident to a pupil, it is the responsibility of the senior person present to ensure that the procedures outlined below are fully observed, whether the accident occurs at Chandlings Prep School or elsewhere.

Full details of the incident should be reported to the First Aid Coordinator as soon as possible.

2.7 Guidance on when to call an Ambulance

If a pupil needs hospital treatment for a medical emergency an ambulance must be sought immediately.

A member of staff should dial 999. Once called, an ambulance cannot be cancelled. If the emergency is located on the playing fields, a member of staff should be sent to the main gate to direct the ambulance.

The School phone number is 01865 730771. The School postcode is OX1 5ND.

Only one member of staff or the child's parent needs to accompany the child in an ambulance. Whenever possible, the child's medical details should accompany him or her.

If a child has to be taken by car, two adults should be present, one of whom can remain with the child until the parents arrive. If on a trip, alternative transport and two members of staff may not be available; staff will inform the school/parents whilst waiting for the ambulance. As long as there is a sufficient number of staff remaining to look after the pupils on the trip, a member of staff will accompany the pupil in the ambulance.

2.8 Procedures for obtaining First Aid assistance

In an emergency, an ambulance should be called immediately 999, followed by the First Aid Coordinator and any other First Aid qualified staff.

However, normally the procedure will be as follows:

2.8.1 In School

Members of staff who are qualified in First Aid will respond to an injury or illness in accordance with their training.

If a member of staff who is not First Aid qualified requires assistance or advice in dealing with a person who is injured or ill, the first point of contact is the Medical Room (ext. 211). The First Aid Coordinator or a designated First Aider is available at all times, apart from those occasions when she may already be dealing with an emergency. In the unlikely event of there being no reply to a call, the School Office should be asked to contact the First Aid Coordinator via the radio.

If a member of staff is in charge of a group of pupils when such a situation arises, they should normally stay with the pupil. They should send one pupil to the nearest member of staff (normally the next classroom) for assistance. In addition, and if possible, a pupil may be sent to the Medical Room to take the First Aid Coordinator to the exact location.

In Pre-Prep, a laminated card is given to a child to hand to the nearest member of staff informing them that there is an emergency in a particular classroom.

When an incident occurs on the games field the staff will call the School Office to alert the First Aid Coordinator on the radio.

2.8.2 Away from Chandlings Prep (offsite)

If an accident happens at another school or away from Chandlings Prep, procedures similar to those outlined above must always be followed: an ambulance should, if necessary, be summoned, and full details of any accident should be reported to the First Aid Coordinator, who will then inform the parents, as soon as is practicable.

2.8.3 Sporting Fixtures

First Aid cover is provided for all teams, both home and visiting. The Games' Staff are trained in First Aid and will assess whether further support is necessary. Pupils may then be sent to see the First Aid Coordinator if appropriate. Medical attention should always be sought when serious injury is suspected, and the casualty should not be moved in this instance. Parents must always be informed if a child has been taken to hospital as the result of an injury or accident, so they may choose to meet the member of staff and child at the hospital.

The 'Minibus, Travel and Matches' Policy has further guidance.

2.9 Recording of Accidents (Including a reference to RIDDOR)

Accidents/incidents involving PARENTS and VISITORS to the School must be reported to the member of staff who is designated to record accidents, normally the First Aid Coordinator, or in her absence a member of the Senior Leadership Team.

Accidents/incidents involving PUPILS – All accidents or incidents involving pupils whilst on the school premises, or during an off-site school activity, e.g. sports match or educational visit, must be reported to the member of staff supervising the pupil at the time of the accident/incident. The member of staff who witnessed the accident/incident should complete an Accident/Incident Report Form available from the First Aid Coordinator. They must ensure it is reported to the member of staff who is designated to record accidents, normally the First Aid Coordinator, or in her absence a member of the Senior Leadership Team.

Accidents involving staff. For all accidents to staff and contractors which result in injury – however minor, an Accident/Incident Report form must be completed. This form is available from the First Aid Coordinator. Staff are encouraged to report all injuries, even if first aid is not required. Completed forms are stored in the Medical Room. Anonymized reports are then generated for the Health and Safety Committee Meetings.

Accidents/incidents involving pupils attending activities run by external providers on the School Premises - It is the responsibility of the person running the club activity to record the accident. If the incident involves one of the School's pupils or was caused by a fault with the School's facilities or equipment, the School should be advised and given a copy of the accident report.

RIDDOR – Some incidents that happen in school must be reported to the Health & Safety Executive (HSE) under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR 2013) Reportable Specified Injuries.

Further guidance is available from the HSE website:
http://www.hse.gov.uk/riddor/reportable-incidents.htm

In line with EYFS guidelines (3.63), registered providers must notify Ofsted (and child protection agencies if applicable) of any serious accident, illness, or injury to, or death of, any child while in their care, and of the action taken. Notification must be made as soon as is reasonably practicable, but in any event within 14 days of the incident occurring. A registered provider, who, without reasonable excuse, fails to comply with this requirement, commits an offence.

2.10 Suspected serious injury or accident

Action required: The pupil should NOT be moved until an assessment has been carried out. Depending on the assessment, give emergency first aid as appropriate:

- Move the pupil
- Leave the pupil in place and observe
- Call an ambulance and place in the recovery position
- Call an ambulance and commence CPR

If the accident is on the playing fields, a member of staff should be sent to the main gate to direct the ambulance if one is needed.

The First Aid Coordinator should be called and told the exact location of the pupil, the suspected injury and the name of the pupil. For other injuries, If the pupil can walk he/she may be taken to the First Aid Coordinator.

In all 'serious' accidents, the Head and Deputy or Head of Pre Prep and Head of Operations need to be informed without delay. In addition

- Parents must be informed as soon as possible (certainly within one hour)
- Major or serious accidents are reported on an Accident Form. The original completed form will be kept in the Medical Room in a designated file
- The Head of Operations should carry out any necessary investigation and risk assessments reviewed.

Head Injuries

All head injuries should be regarded as potentially serious. It is important to monitor any person with a head injury very carefully, looking for key signs such as sickness, dizziness, incoherence, visual disturbance or drowsiness. If in doubt, or if any of the key signs are exhibited, seek medical help. Staff are reminded to ensure that all volunteers, work experience staff, visiting music teachers and club leaders are aware of our policy with regard to head injuries and that they must notify a member of staff immediately if a child suffers a head injury.

A pupil who has sustained a bump or knock to the head is sent to the First Aid Coordinator or in her absence, the designated First Aider for assessment and is then carefully monitored for a

period of time appropriate to the injury. Every pupil who has sustained a head injury (as opposed to a minor bump) is given a Head Injury Advice Form to take home to parents advising them of developing symptoms that may require medical investigation. Younger pupils are given a head injury sticker so that all staff can continue to monitor the child. Parents are contacted at the time of the incident if the First Aid Coordinator or designated First Aider considers it appropriate. An accident form is completed for significant head injuries. In the event of a concussion, government protocols will be followed for both academic studies and return to sport.

Spinal Injuries

If a spinal injury is suspected do NOT move the pupil. An ambulance must be called and the neck physically immobilised until they arrive and the person holding the neck is told by the paramedic that they can release the neck. Should the pupil become unconscious and the airway be at risk of obstruction, they should be placed in a modified recovery position protecting the neck and back.

It is important to remain calm and reassure the child as they may easily become distressed by the situation, they may be experiencing reduced sensation in arms and legs which could distress them further.

Eye Injuries

If a pupil is hit in the eye and experiences pain or distortion of vision, even if only temporary, he/she should be referred to a doctor or minor injury unit that same day for assessment. If a pupil has a suspected foreign body in the eye, they will be assessed by the First Aid Coordinator. If the pupil allows, the eye will be irrigated and reassessed. Where there is no improvement parents will be called to take their child to the minor injury unit for further investigation.

It is recommended that pupils playing any contact sports should wear specialist sports glasses; contact lenses are permissible.

Facial Injuries

Minor injuries such as small scratches or bumps to the face are managed with the care appropriate to their needs. For more significant facial injuries, staff will send pupils to be assessed by the First Aid Coordinator or in her absence, the designated First Aider. The injury is carefully monitored and parents are notified if there is a significant scratch to the face, or if swelling, bleeding or bruising is present, or the child complains of continuing or worsening pain.

An accident form should be completed for all serious injuries.

2.11 Minor Injuries or accidents

Action required:

- A minor incident can be dealt with by the First Aid Coordinator, First Aider or another member of staff.
- If the First Aid Coordinator deals with the injury then the incident is entered onto iSAMS.

2.12 Communication with Parents

Parents are spoken to (either by phone or in-person) as soon as it is practicable if an accident has occurred to their child. If it is necessary for a child to go to a hospital, the child will be accompanied by a member of staff unless the child's parents can carry this out.

If a child becomes unwell at school, it may be appropriate for the First Aid Coordinator to administer a mild over the counter analgesic. Written permission for the administration of over the counter medication is collected during the admissions process. However, consent to give medication will always be sought from parents of pupils in EYFS before it is administered. A '*Medication Administered'* note detailing when and why it was given will also be sent home with the pupil in their prep diary/communication diary.

If a child becomes unwell enough that the First Aid Coordinator decides the child should go home, the parents will be contacted to collect the child. The child will remain in the Medical Room until they arrive.

In the event of an accident occurring at school, parents are informed by phone or on collection by the form teacher. An '*Injury Treatment'* note detailing the examination, assessment, treatment and any injury sustained will be sent home with the pupil in their prep diary/communication diary.

For children in the early years and in line with EYFS regulations (3.62), 'Providers must inform parents and /or carers of any accident or injury sustained by the child on the same day or as

soon as reasonably practicable of any First Aid treatment given. The injury is recorded and parents are informed.

3. Arrangements for pupils with particular medical needs

Before entry to the School, the parent of each child completes a Medical form as part of the admissions process and from this form, the First Aid Coordinator is responsible for maintaining a list of children with medical conditions or problems.

Any child with an ongoing chronic medical condition will have an Individual Healthcare Plan (IHP) drawn up by the First Aid Coordinator in consultation with their parents and input from healthcare professionals if needed. The plan will describe the child's illness, symptoms and treatment and staff are made aware of the plan on a 'need to know' basis. Please refer to the

main body of the policy for an explanation, signs, symptoms and action to take for most common childhood conditions. Procedures specific to Chandlings Prep can be found below..

3.1 Asthma

Please refer to the School's Asthma Policy

We recognise that asthma is a widespread, serious but controllable condition affecting some pupils at school. We encourage children with asthma to participate in all aspects of school life and to achieve their potential by having a clear procedure that is understood by staff, parents and pupils alike.

Parents should inform the school if their child suffers from asthma, what can trigger an attack and what treatment is effective. Parents are asked to complete a School Asthma Card or provide a copy of their child's Asthma Plan if their child is asthmatic. Updates to conditions are regularly requested and reviewed - at least annually.

Older children with asthma may carry their own inhaler or store a spare inhaler with their Form Teacher in the classroom. As a rule, if the inhaler is needed to relieve symptoms regularly or if attacks are sporadic and particularly severe, the child should be allowed to carry the inhaler around at all times. In these circumstances, a second inhaler will be kept in the Medical Room. For younger pupils, inhalers are stored in the Medical Room where they can be accessed in an emergency. All staff should be aware of where the child's inhaler is stored. The expiry date of all inhalers will be checked regularly.

All medication should accompany a child going on a school outing. Staff accompanying children on an outing should be aware of their medical conditions.

An asthma register, including photographs, is available to all staff and can be found on the Staff Portal.

In the event of a serious asthma attack, the parents are notified immediately, and the school follows its asthma procedure.

Call for help from the First Aid Coordinator. If the First Aid Coordinator is not available, call for a First Aider. Stay calm and reassure the pupil. Attacks can be frightening; the pupil has probably been through this before. It is very comforting to have a hand to hold but do not put your arm around the pupil's shoulder as this is very constrictive. Listen carefully to what the pupil is saying. Loosen any tight clothing. Encourage the pupil to breathe deeply and slowly

Asthma UK advice:

- Help them to sit up straight and keep calm - best to sit at a table for support
- Help them take their reliever (usually blue) inhaler every 30-60 seconds up to a maximum of 10 puffs (using a spacer)

Call 999 for an ambulance if:

- Symptoms get worse while they are using their inhaler
- They do not feel better after 10 puffs
- You are worried at any time, even if they have not taken 10 puffs

Whilst you wait for the ambulance, repeat the inhaler treatment of up to 10 puffs if the ambulance takes longer than 15 minutes.

A member of staff should stay with a child having an asthma attack at all times.

The pupil's parents or guardian will need to be informed after an attack even if relatively brief. Minor attacks should not interrupt a pupil's involvement in the school. As soon as the pupil feels better they can return to school activities.

Pupil's inhalers are kept in clear plastic wallets in the Medical Room. There is an additional inhaler outside the Medical Room which can be used in an emergency for people who are prescribed an inhaler but for whatever reason do not have access to it.

A list of pupils with asthma or those prescribed an inhaler (often to help with the relief of breathing difficulties associated with allergens or viral infections) is available on the staff portal and is updated regularly by the First Aid Coordinator. A copy is also kept with the emergency inhaler. Please contact the First Aid Coordinator for advice, help and support and for further information or training regarding the practical use of inhalers.

Emergency Salbutamol Inhaler

Following a change in regulations in 2014, schools are able to purchase salbutamol inhalers without a prescription for use in emergencies when a child cannot access their own inhaler.

The emergency salbutamol inhaler may only be used by children for whom the school holds written parental consent for the emergency inhaler to be given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication, or where an ambulance crew have given direction for the inhaler to be administered.

The emergency inhaler is stored outside the Medical Room. Disposable spacer cups are used for each individual and the spacer then discarded. There is also an actual spacer for younger pupils. If the emergency inhaler is used it is recorded and parents are informed that their child has needed to use the emergency inhaler.

A record is held by the school of those children whose parents have consented to use of the emergency inhaler. This is kept with the emergency inhaler and includes a record which is maintained of any use of the emergency inhaler.

3.2 Anaphylaxis

Please refer to the School's Allergy Safety Policy

Anaphylaxis is a severe allergic reaction that can occur when a person is exposed to a particular trigger such as nuts, insect bites or medicines. Anaphylactic attacks can be potentially life threatening. On admission to Chandlings Prep parents are asked to inform the school if their child suffers with any allergies. Most children with a severe allergic reaction to a substance will have an Allergy Action Plan set up by their medical practitioner with a copy provided for school. An Individual Healthcare Plan (IHP) will also be put in place after carrying out a risk assessment. IHP's are also carried out for any pupils with a food or other intolerance, coeliac disease, severe asthma or severe hayfever, as well as any chronic conditions where any regular intervention is required in school. The school also maintains a record of any staff allergies and puts in place necessary arrangements for their safety. Staff should carry their emergency devices with them.

Children with a severe allergy are generally prescribed an antihistamine to relieve minor symptoms and an adrenaline auto-injector (AAI) such as an Epipen or Jextpen for symptoms of anaphylactic shock. AAI's are stored in the Medical Room in clear plastic boxes and are clearly labelled with a photograph, name of the pupil and a list of the known allergies. All staff are aware of where pupil AAI's are stored. Parents are asked to supply two AAI's to be stored in the Medical Room. The expiry date of the AAI's will be checked regularly and parents advised accordingly. There are additional 'Spare' auto-injectors kept outside the Medical Room which can be used in an emergency for people who are prescribed an adrenaline auto injector but for whatever reason do not have access to it. An Allergy Register is held by the school of those children whose parents have consented to the use of an emergency AAI which is kept with the 'Spare' devices. Staff are also able to access this on the intranet. This register also includes children with other food intolerances. Chandlings Prep will provide Junior AAI 150mcg for children aged less than 6 years and AAI 300mcg for children aged 6-12 years. A record is maintained of any use of the emergency AAI and used devices would be replaced immediately. Parents are reminded that they need to ensure that their child has access to emergency devices/medication for journeys to and from school.

Pupils and staff **MUST** have their auto-injectors when off site for example during trips or sports fixtures. The First Aid Coordinator is responsible for ensuring that the required medication is in the medical bag supplied for each trip. It is the trip leader's responsibility to ensure that all medical bags are collected from and returned to the Medical Room as soon as they return to School.

The Allergy Register, including photographs of pupils with an AAI, is available to all staff and can be found on the Staff Portal. Copies of Allergy Action Plans and IHP's can be found on the Staff Portal and in the Staff Room, as well as with the pupil's emergency devices. IHP's are updated annually by the First Aid Coordinator and parents, or following any clinical reviews. The register identifies the trigger and medication.

A board is maintained in the Dining Room showing all pupils with allergies, sensitivities and intolerance to any food products. A lanyard system is used in the Dining Room to support pupils with food allergies. For our younger pupils in Nursery, a placemat system is used for

meals in the Dining Room and snacks in Nursery. Parents are encouraged to liaise with the First Aid Coordinator and Catering Manager to discuss any dietary requirements. Parents are also requested to inform the First Aid Coordinator of any changes to dietary requirements.

Chandlings Prep School is an Allergy Aware school and we do not have nuts (tree and ground) or sesame in our kitchens.We request that parents do not send in nuts, sesame or any food containing nuts or sesame. Any birthday treats brought in from home must be shop bought individually pre-packaged products with a label of ingredients on each pack and must not contain nuts or sesame. This is due to the extent and range of food allergies that prevail in our school environment. The treat will be distributed to the children and brought home and not eaten at school. This is so that parents/carers are able to check the ingredients and ensure that the product is suitable for their child. Unfortunately the School cannot accept home baked goods due to issues with cross contamination.

Snacks brought into School for the end of the day must be clearly labelled if shop bought and must not contain nuts or sesame in the list of ingredients. Parents may wish to provide healthy homemade snacks for their child. It is essential, however, that they do not contain nuts or sesame. Snacks must also not be shared by the children.

Training

The First Aid Coordinator provides annual training to all school staff including how to recognise an anaphylactic reaction, action to take in an emergency and how to use an auto-injector and asthma inhaler and which pupils have an AAI. This training is mandatory for all staff.

Recognising Anaphylaxis

Signs and symptoms of anaphylaxis (not all may be present)

- Itching
- Swelling in the mouth
- Vomiting
- Hives/rash
- Abdominal pain
- Wheezing
- Difficulty in breathing
- Fainting
- Floppiness
- Collapse

For mild symptoms: Pupils who present with a mild to moderate allergic reaction should be administered an antihistamine and/or inhaler by the First Aid Coordinator or the member of staff responsible if they are out of school. The child should be closely monitored for signs of Anaphylaxis. If a mild allergic reaction settles following administration of the antihistamine and/or inhaler they can be assessed by the First Aid Coordinator and are likely to need no further follow-up (or by first aid trained staff on trips away from School). Parents will be informed at pick up if needed.

For severe symptoms: an Adrenaline Auto injector (AAI EpiPen, Jext, emerade) device should be used without delay. If there is any doubt about the severity of the reaction, administer the AAI and call 999 immediately.

Emergency procedure: The following procedure must be adopted:

- Lie child down with legs elevated
- Call an ambulance
- Send a responsible person to fetch the child's emergency box and the First Aid Coordinator.
- Administer the AAI according to the instructions on the device/Allergy Plan if the child is unable to administer.
- Monitor the child's progress – a second dose may be required if the condition has not improved and help has still not arrived - see Allergy Plan
- When the ambulance crew arrives, ascertain where they will be taking the child and give all used AAI's to the ambulance crew for safe disposal
- Contact the child's parents, guardian or next of kin and advise them to meet at the hospital, if they are not in the immediate vicinity
- Accompany the child to hospital if the parents have not arrived

Follow up

Pupils who have used the auto-injector need to go to a hospital by ambulance for a period of observation. Used auto-injectors should be sent with the pupil.

A repeat prescription for an auto-injector should be processed at the earliest opportunity.

3.3 Diabetes, Epilepsy and other Medical conditions

If a pupil joins the School with these conditions, the school will work with parents and health care professionals to draw up an Individual Healthcare Plan (IHP) and arrange any appropriate training that may be required.

School should be informed if a child suffers from diabetes. A detailed health care plan will be drawn up for the child describing the carbohydrate intake, frequency of blood glucose monitoring, insulin regime (if applicable) and signs of poor blood sugar control (hypo/hyperglycemia) for that child. Staff should be made aware of this plan and signs and symptoms of hypo/hyperglycemia (high or low blood sugar) and the treatment of these variations.

For children with Type 1 diabetes, the First Aid Coordinator will assist with monitoring pre-meal blood sugar readings, carbohydrate intake at lunch, and either administer post meal insulin or if the child is able to self-inject, supervise the injection.

Parents should be informed immediately in relation to any diabetic incident and the child monitored in the Medical Room. If a child's recovery takes more than 10-15 minutes or the child becomes unconscious an ambulance will be called.

Monitoring equipment provided by parents, if required, and emergency supplies are kept in the First Aid Room. Children will also carry emergency rations such as biscuits and glucose tablets in their school bags.

If a child is off site on a school trip or away match, staff should be aware of the signs and symptoms of hypoglycaemia and hyperglycaemia, their prevention and treatment and that the necessary equipment is taken including:

- Blood glucose monitoring kit

- Food snacks
- Glucose tablets
- Insulin pen
- Parent contact details

Appropriate training is given to staff as required. A list of pupils with chronic medical conditions, along with any care plans, is available on the staff portal and is updated regularly by the First Aid Coordinator.

The First Aid Coordinator must be informed if a child has Epilepsy. An individual health care plan should be drawn up in discussion with parents and clinicians if necessary describing the

nature and frequency of fits, common precipitating factors and current medication. Staff will be made aware of the health care plan and it will be available on the staff portal.

If a child experiences a seizure during the day details of the precipitants, nature and timing of the fit will be communicated to parents.

In the event of a fit:

- Note the time and length of the fit
- Staff should call the First Aid Coordinator or First Aider
- Clear the area around the child to maintain a safe environment
- Ask other children to move away to ensure as much privacy as possible, cover with a blanket if possible as the child might be incontinent.
- Administer any prescribed medication as per instruction according to the individual healthcare plan
- Talk to the child and reassure them
- After the fit has passed, place the child in the recovery position
- When sufficiently recovered, take them to the Medical Room and monitor until they are collected by parents.

An ambulance should be called

- If the child has injured themselves badly during the seizure
- If they have problems breathing after the seizure
- If a seizure lasts longer than the time set out in the healthcare plan, or for more than five minutes if you do not know how long the seizure usually lasts for that child.
- If there are repeated seizures unless this is usual for the child
- If this is a child's first known seizure

Appropriate training is given to staff as required. A list of pupils with chronic medical conditions is available on the staff portal and is updated regularly by the First Aid Coordinator.

3.4 Head lice

Head Lice are a regular and irritating problem. Pupils should not be excluded from school, but parents/carers will be notified at the end of the day if head lice are found and are expected to take action to deal with the problem. Head lice alerts also occur through notification from parents as well as staff observation. In the event of an outbreak, parents of children in the affected years will be advised.

Parents are encouraged to check regularly with a detection comb to prevent the spread of the problem - hair should be tied back.

3.5 Infectious diseases

Chandlings Prep follows the UKHSA guidance for any exclusion period linked to an infectious disease.

Common infectious diseases (not exhaustive) include:

Diarrhoea and Vomiting
Any child who has vomited or has diarrhoea will be sent home and should not come back into school until they have been clear of symptoms for 48 hours.

Fever
Children are to remain at home until free of fever without the aid of medication. When a child has Calpol or a similar medication, this artificially lowers their temperature temporarily making the child appear fully recovered. However, the child must remain at home until fully recuperated, without the aid of medication.

Chicken Pox
Children may return to school no sooner than 5 days after the first spots appear, all the spots have crusted over and when the child feels well without the aid of medication.

Conjunctivitis
Does not require time off school, will need to see a GP if the condition does not improve after 2 weeks.

Hand, Foot and Mouth
It does not require time off school unless unwell.

Impetigo
Confirmation by a doctor and to remain at home for 48 hours after antibiotic treatment has commenced or until lesions have crusted or healed.

Mumps
May return to school no sooner than 5 days after the onset of swelling.

Slap Cheek
It does not require time off school once the rash has developed unless unwell.

Verrucas
It does not require time off school but should be covered when swimming.

With all infectious diseases, an email is sent to the relevant year groups so that parents are informed and in case of pregnancy.

Risk of Infectious diseases during pregnancy

If a member of staff becomes pregnant, a risk assessment should be carried out once the staff member has let the school know so that provisions can be made to support their work during the pregnancy. There are several infectious diseases that can cause serious problems to pregnant women and their unborn child, including chickenpox, measles, and slapped cheek disease (parvovirus B19). Immunity should be checked, so that action can be taken if exposed to the viruses.

4. Hygiene/Infection Control

In a community such as a school, any infection has the ability to spread quickly and widely. Infectious illness covers a vast number of conditions but the principles of infection control can be applied within the school setting to minimise the spread and protect the pupils and the staff.

All staff should take precautions to avoid infection and must follow basic hygiene procedures and take appropriate precautions when coming into contact with bodily fluids.

Handwashing is one of the most important ways of controlling the spread of infections, especially those that cause diarrhoea, vomiting, and respiratory illnesses. Always wash hands after using the toilet, before eating or handling food, and after handling animals. Cover all cuts and abrasions with waterproof dressings.

Coughing and sneezing easily spread infections. Children and adults should be encouraged to cover their mouth and nose with a tissue. Wash hands after using or disposing of tissues. Spitting should be strongly discouraged.

4.1 Hygiene precautions

The following hygiene precautions are recommended as safe practice for all staff. They are common-sense precautions that will protect against blood-borne viruses and infections that may be transmitted via blood or body fluids.

- Always keep cuts or broken skin covered with waterproof dressings.
- If possible, wash and dry your hands before and after giving First Aid.
- Wear disposable gloves when contact with blood or body fluids is likely.
- Avoid direct skin contact with blood or body fluids.
- If blood is splashed onto the skin, it should be washed off immediately with soap and water
- If a sharps injury is sustained or blood is splashed into the eyes or mouth, or on to broken skin (e.g. eczema), it should be washed immediately with plenty of water and medical advice should be sought promptly.
- Always wash and dry hands after removing gloves.
- Teach pupils to avoid contact with other people's blood as soon as they are able to understand how to protect themselves.
- Teach pupils to wash and dry their hands before meals and after using the toilet.

Clinical Waste - always segregate domestic and clinical waste, in accordance with local policy. Used sanitary items, gloves, aprons and soiled dressings should be disposed of in correct clinical waste bags in foot-operated bins. All clinical waste must be removed by a registered waste contractor.

4.2 Dealing with blood and body fluid spills

Spillage of body fluids, all spillages of blood, faeces, saliva, vomit, nasal and eye discharges should be cleaned up immediately. Canisters of powder for spillages are available in all classrooms with carpets (PPE should always be worn).Spill kits are available from the cupboard in the Laundry Room, the Medical Room and in the stairwell cupboard by the Head of Operations office, as well as in Nursery. Staff should be reminded that everyone has a responsibility to help deal with issues. Once it has been cleared up Staff should always contact a member of the domestic team so that the area can be thoroughly cleaned.

The following actions must be taken by the person dealing with the spill immediately:

- Clear the immediate area of people. Hazard signs and cordoning off may be necessary.
- Collect a Spill Kit from the Laundry Room, The Medical Room or the stairwell cupboard by the Head of Operations' office or Nursery
- Put on PPE
- Sprinkle sufficient powder over the spill (10g per litre fluid). This will solidify a liquid spill in two minutes.
- Using the dustpan and scrapers provided, remove the solidified spillage and place it in the yellow biohazard bag.
- Use the disinfectant spray to disinfect the area of the spill.
- Place the pan and scraper into a separate bag and return it to the Laundry Room for disinfecting .
- Dispose of the biohazard bag in the yellow bin outside the kitchens - bag MUST be tied

Laundry should be dealt with in a separate dedicated facility. Soiled linen should be washed separately at the hottest wash the fabric will tolerate. Wear PPE when handling soiled linen. Children's soiled clothing should be bagged to go home, never rinsed by hand.

5. Medicine Policy

The Medicine Policy ensures the safe and appropriate administration of prescription and over the counter medication should they be required.

If a child needs to take a prescription medicine during the school day, the medicine must be:

- Prescribed by a doctor
- In its original container with pharmacy dispensing instructions, including a legible expiry date
- Accompanied by a completed Medicine Request Form from the parent detailing the reason for the medication, dose, frequency and the length of time for which the medicine is to be taken.

OR

- An over the counter medicine e.g. cough medicine, eye drops or an antihistamine.
- In its original container with instructions, including a legible expiry date
- Accompanied by a completed Medicine Request Form from the parent detailing the reason for the medication, dose, frequency and the length of time for which the medicine is to be taken.
- Any medication required in school must be brought directly to the Medical Room by the parent or carer so that the First Aid Coordinator can check and discuss matters.

The Medicine Request Form can be found on the parent portal/school website. School staff will not administer any medicine if a request is not received in writing. If there is any change in the type of medication – whether regarding dosage or other changes to the information given on the medicine request form – the request form must be updated or a new form provided. A record will be maintained of any personal medication administered to a pupil (Record of Medicine administered to an individual child). If for any reason a child refuses to take their medication, staff will not attempt to force them to do so against their wishes. If such a situation occurs, the First Aid Coordinator will notify the child's parents/carers and the incident will be recorded on the Record of Medicine administered form.

No Chandlings Prep School pupils are considered Gillick competent and pupils do not self-medicate. An exception to this is for Prep pupils who are asthma sufferers who are permitted to administer their own medication as instructed by their doctor. It may be appropriate for some pupils with a chronic health condition to start to take greater responsibility for their condition. Any decisions in this respect would be taken following consultation with parents and with consideration of the age and maturity of the pupil. The First Aid Coordinator can provide more details on which pupils may fall into this category.

The school holds a small supply of over the counter medications. Written permission is obtained on entry to the school for the administration of identified over the counter medication to pupils on the admission form completed by parents. A list of the current medication held can be found in the Appendix below.

5.1 Procedure for administering Medicines (including EYFS)

Before administering any medication, the following procedures should be followed:

- The reason for giving the medication should be established.
- Check that parental consent to give medication has been given (iSAMS).
- Check the identity of the pupil.
- Check whether the pupil is allergic to any medication. Individual pupil records should show known drug reactions and major allergies and should be checked before medication is requested or given.
- Check that the pupil has not already been given medication or any other medication recently. If medication has been given, get details (e.g. check maximum paracetamol doses).
-

- Check whether or not the pupil has taken the medication before and, if so, whether any problems occurred.
- Check that the medication is in date.
- For EYFS children parents are contacted to gain permission prior to administering the medication.
- The pupil should take the medication under the supervision of the person issuing it.
- Complete a 'Medicine Administered' note for parents detailing the medication, dose, time and reason for the pupil to take home or parents to be given at the end of the school day.
- In EYFS the procedure is witnessed by a member of staff who will countersign the record accordingly.
- After administration, complete records as follows: Medical Day Folder entry, record on iSAMS and log in the Medication Folder (school stock) or on the pupil's Record of Medicine Administered form (personal medication).

There is a lockable fridge in the Medical Room for the safe storage of some medicines such as antibiotics. The fridge temperature is recorded daily to ensure any content is kept at the appropriate temperature when in use.

If a child starts to feel unwell during the school day with either a high temperature or pain from an injury/illness then the First Aid Coordinator may consider giving some analgesia. If parental permission is in place, the First Aid Coordinator must confirm that no other medication has been given in the last 4 hours before administering analgesia.

The First Aid Coordinator will need to call parents of children in EYFS before administering any analgesia and also to establish whether any previous doses have been given. If parents cannot be contacted and permission for all medications is available on iSAMS, the First Aid Coordinator may give medication in an emergency in the best interest of the pupil, for example, a very high temperature.

Parents must inform the First Aid Coordinator if any analgesia has been given to their child before the start of the school day.

5.2 Record Keeping and Documentation

All records should be legible and up to date to provide a complete audit trail. All medication (Prescription, OTC,) brought into the School should be recorded and checked in by the First Aid Coordinator.

Medication administered to a pupil must be recorded in the relevant medicine record folder and on iSAMS without exception. All records must include:

- Name of the pupil.
- Date and time of administration.
- Name, strength and dose of the drug.
- Signature of the person administering the drug.

- Reason for omitting the drug (for prescription meds).
- Reason for giving (for OTC meds)

Full details of first aid visits and all medication administered at school, along with all Medicine Request Forms, are kept in the Medical Room.

5.3 Storage of Medicines

Medicines are stored in a locked cupboard or fridge in the Medical Room as appropriate, with the exception of asthma inhalers, adrenaline auto-injectors, epilepsy and diabetes medications or any other medications which need to be available for immediate use. Adrenaline auto-injectors, epilepsy and diabetes medications are kept out of reach of children, but are easily accessible to staff. They are stored in boxes which are clearly labelled to identify the child for whom they are prescribed, including their name, photo and key medical details. Asthma Inhalers are stored in a named clear plastic wallet. An emergency Inhaler kit and Emergency Adrenaline auto-injectors can be found outside the Medical Room. All Medicines are stored strictly in accordance with product instructions (paying particular note to temperature) and in the original container in which they are dispensed.

The First Aid Coordinator will store, monitor and administer medicines that have been prescribed for an individual pupil. A log of pupil medications held will be maintained and the First Aid Coordinator will notify parents when the expiry dates approach or further quantities will be needed. Parents are responsible for ensuring that date-expired medications are returned to a pharmacy for safe disposal. Staff do not dispose of medicines; unused/expired medication will be returned to parents.

On school day trips and for away matches, inhalers, adrenaline auto-injectors, etc. will be carried by a member of staff. The exception to this rule would be for severe asthmatics, who may be permitted to carry their own inhalers on runs, etc. The First Aid Coordinator can provide more details on which pupils may fall into this category. Other medication is not taken to fixtures or trips unless this has been specified by a parent.

If staff are in any doubt as to how to handle/administer medicines when off-site, advice should be sought from the First Aid Coordinator.

5.4 Administration of medicines to children on a residential school trip

Should a child require medicine during the time they are away from home, the school requires parents to send in written permission and instructions together with the medicine in its original container with the pharmacy dispensing instructions. Written permission is obtained in advance for the administration of identified over the counter medication to all pupils. The medicines will be kept by a designated member of staff who may administer the medicine as needed. This procedure is documented in the trip medications folder. Training will be given ahead of any residential if necessary.

If staff are in any doubt as to how to handle/administer medicines, advice should be sought from the First Aid Coordinator. Trip staff are always briefed about children with medical or dietary needs by the First Aid Coordinator ahead of trips.

5.5 Staff Medication

In line with the EYFS guidelines (3.21) 'staff medication on the premises must be securely stored and out of reach of children at all times'. There is a box of medication that staff may access within the locked medicine cupboard in the Medical Room. A record of medication administered is kept for stock keeping purposes.

Staff must seek medical advice if they are taking medication which may affect their ability to care for children. Should members of staff need to take medication during the school day, it must be kept out of the reach of children and appropriately stored in a locked facility. In the case of emergency medication (e.g. adrenaline auto-injector) staff should carry these around with them but these must be kept out of the reach of children at all times or be stored unlocked in a place which is not accessible to the children.

5.6 Sun protection

In hot weather parents are asked to ensure that all children have sunscreen applied at home before coming to School each morning. Parents are requested to provide a clearly labelled bottle of high factor sunscreen for their children to use in School.

Sunhats should be provided by parents for their children. The School will encourage the children to wear them when necessary.

Permission is sought during the admissions process for the use of school factor 50 sunscreen in an emergency and support with application if needed.

Appendix

First Aid kit contents checklist (guidelines)

Classroom First Aid kit checklist	**Walk/Mobile First Aid kits**
10 x Antiseptic Wipes 20 x Assorted Plasters 3 x Pairs of Gloves 1 x Vomit Bag	20 x Assorted Plasters 3 x Large Low Adherent Wound Dressings 10 Antiseptic Wipes 1 x Tissues 1 x Vomit bag 1 x Instant Cold Pack 1 x Personal Resuscitator 3 x Pairs of Gloves 1 x First Aid Leaflet

School First Aid Kits 4 x Medium First Aid Dressings 2 x Large First Aid Dressings 2 x Eye Pad with Bandage 2 x Triangular Bandages 10 x Antiseptic Wipes 20 x Assorted Plasters 3 x Low Adherent Pads 5 × 5cm minimum 1 x Sterile Swabs 5 × 5cm (Pack of 5) 1 x Microporous Tape 2.5cm x 5m 2 x Saline Pods 6 x Safety Pins 1 x Personal Resuscitator 1 x Pair of Scissors 1 x Foil Emergency Blanket 3 x Pair of Gloves 1 x First Aid Leaflet	**Mini bus First Aid kits** 3 x Sterile Ambulance Dressing 15 × 20cm 2 x Eye Pad with bandage 24 x Assorted Plasters 3 x Large Low Adherent Wound Dressings 1 x Conforming Bandage 7.5cm 2 x Triangular Bandages 10 x Antiseptic Wipes 12 x Safety Pins 1 x Personal Resuscitator 1 x Pair of Scissors 3 x Pairs of Gloves 1 x First Aid Leaflet

Over the counter medicines

The First Aid Coordinator decides which over the counter medications are to be held in school. Currently the OTC medicines held are:

Paracetamol (syrup or fast melts as appropriate)	For pain and high temperature with discomfort
Ibuprofen Syrup	Non-steroidal anti-inflammatory drug for pain and high temperature with discomfort
Antihistamine (Chlorphenamine maleate /cetirizine hydrochloride syrup as appropriate)	For the relief of allergies, hayfever, hives or bites and stings
Children's Cough Syrup	Cough syrup for toddlers and children
Travel Sickness tablets	For travel sickness (Residential Trips only)
Anthisan Cream	For the relief of insect bites and stings
Arnica Cream	For bruising
Bonjela	Local anaesthetic for teething and gum pain
Olbas Oil	Decongestant
Sudocrem/Savlon	Antiseptic cream
Throat Lozenges	For the relief of sore throats (6+ years only)
Vaseline	Petroleum jelly for chapped lip or dry skin